VR ATS (4) TSM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

8										-		
	C	EI	RT	IFI	C	A	TE	0	FI	DE	A1	H

DEATH	,(125))
RESIDENCE (Where deceased lived. If	institution: Residence before of mission	L

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: besidence before admission)							
1	o. COUNTY/COMICO MARYLAND	a. STATE Marcates							
)	b. CITY OR TOWN (If autside corporate limits, write RURACYand give nearest tawn)	c. CITY OR TOWN (If agride carporate limits, write RURAL and give nearest town)							
1	d. NAME OF HOSPITAL (If not in hospital, give street address), OR INSTITUTION FENERAL HOSPITAL	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO							
	3. NAME OF DECEASED (Type or print) Baly Middle	Adkins of DEATH JANUARY 17 1961							
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	JANUARY 17-1961 last birthday) Manths Days Hours 3Min.							
	10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired)	Salislury, mg							
)	13. FATHER'S NAME MULL Momos alkins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	14. MOTHER'S MAIDEN NAME THE Yall INFORMANT							
	(Yes, no for untropy) (If yes, give wor or dates of service) your	Momas adams, Snowfill, my							
	IB. CAUSE OF DEATH [Enter only one couse per line for (gl. (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH							
	IMMEDIATE CAUSE (o)	9312							
	Conditions if any which	Turty							
	gave rise to immediate								
	cause (a), stating the under- lying cause last.	h							
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIPTION OF THE PROPERTY WAS LINING TO THE PROPERTY OF THE PROPERTY WAS LINING TO THE PROPERTY WAS LINING TO THE PROPERTY WAS LINING TO THE PROPERTY OF THE PROPERTY O								
O	OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH								
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. While Nat while of work at wark	PLACE OF INJURY (Hame, farm, foctory, street, affice bldg., etc.) 20f. (City or town) (County) (State)							
	21. I certify that (I) (this haspital) a tended the deceased frame	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
		t death accurred at TAM, from the causes and an the date stated abave.							
	22a. SIGNATURE CLEVEL C FOLS 22c. PHYSICIAN'S	M.D. ATTENDING MED. STAFF SIGNED PHYS. 226. DATE SIGNED PHYS. 226. ADDRESS							
1	NAME (Type)	medical Center alistring, mangland							
7	23. RORIAL, CREMATION 278. DATE THEREON 23c. NAME OF CEMETER 24. FUNDER OF SUCH AT THE THEREON 225c. NAME OF CEMETER 24. FUNDER OF CEMETER OF SUCH AT THE THEREON 225c. NAME OF CEMETER O	stortlemely Snow Nill, my							
1	24 Justical Street of Strangure Show Will	DATE DATE 23 61 256. REGISTRAR'S SIGNATURE CINTURE S. Kraus							
	C 20 1 2 3 3 3 K V 2	9863							

HERE TO SHOW THE SET AND THE MINIEL Stone adding the Bridge & The William Mr. J. March Sand Charles C. 186 ATC CETASIS + to estre ment Metro of Statements Blooding agreement on who you with I I have me was to the land of commendations of the state of the stat the subsection where the same ifter deoth. Page 4

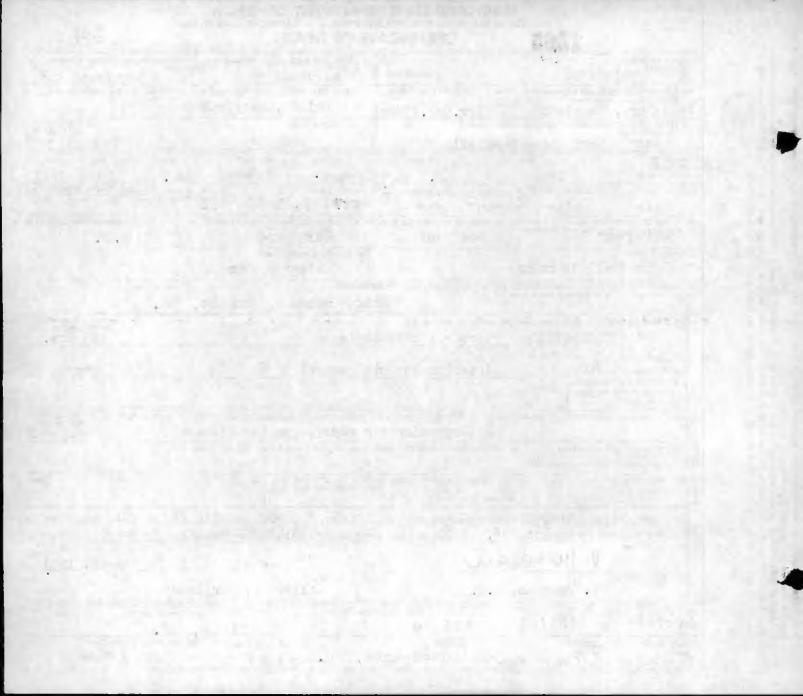
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ha

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01251

		1265		CERTIF	ICAT	E OF DE	ATH			(1125	1
1, PLAC o. CC	OUNTY WIC	omico		MAR	rLAND	2. USUAL RESID	ence (who	ere deceased l	ived. If instituti b. COUNTY	-	before admis	sion)
b. CI	ITY OR TOWN (IF	outside corporate lim	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	OWN (If or	utside carporat	te limits, write R	URAL and giv	re nearest tow	n)
	JRAL and give near			lyr.8mo.2	3days	Ori	lole,	Maryla	nd			
d. N	R INSTITUTION	Head State		address)		d. STREET A	DORESS		1	Y P	ON	SIDENCE A FARM? NO
DECE	AE OF EASED e or print)	John		Middle R.		last Bozman		4. DATE OF DEATH	Jan.		Doy 28	Yeor 19 61
S. SEX		6. COLOR OR RACE		RIED NEVER MARRI		DATE OF BIRTH	2, 18		AGE (In years	IF UNDER 1	YEAR IF UND	DER 24 HRS Min.
	Male	White	WIDOW			_	-		/O yrs.	ho citiri	EN OF WHAT	COLINITRY
dur	waterma.	g life, even if retired	}	seafood	JK INDUSI	Mai	rylar	nd	nity)		S.	CODIVIKI
	John Be	11 Bozma	n			14. MOTHER'S		Jones				
		IN U. S. ARMED FOR yes, give war or dates of s		SOCIAL SECURITY NO		ormant ice Bos	zman,	, Orio		lress		
Co gr	PART I. DEATH	H WAS CAUSED BY: MMEDIATE CAUSE (c DUE TO which mediate)	ne for (o), (b), and (c) Cerebral th	hromb		1				15 h	rs.
CATION	PART II. OTHE	R SIGNIFICANT CON		CONTRIBUTING TO DE						VEN IN PART	1(a) 19. WAS PERFO YES	ORMED?
20a OR	ACCIDENT WAS CONTRIBUTING [EITHER, NOTIFY M	UNDERLYING DEATH	20b. DES	CRIBE HOW INJURY C	CCURRED	(Enter noture of	injury in f	Part I or Port I	l of item 18.)			
MEDICAL 30c	Hour a.m.	Month, Day, Ye	While	NJURY OCCURRED Not while of work		CE OF INJURY (Horry, street, affice			ir łown)	(Co	ounly}	(Stole
so	21. I certify that (I) (this hospital) attended the deceased from May 5, 1959, to Jan 28, 1961, that (I) (we) lost saw the deceased alive on Jan 28, 1961, and that death occurred oB:115WM from the causes and on the date stated above. 22a. SIGNATURE W.D. ATTENDING MED. STAFF MED. STAFF MED. 1961											
220	NAME (Type)	V. Juerma	n, M	.D.		22d. ADDRE		ıry, Ma	ryland			
23a. BU	IRIAL, CREMATION	1/31/6		23c. NAME OF CEA	AETERY OR	CREMATORY			on (City, town,		(Sto	ste)
24. 5UN	HERAL DIRECTOR'S	7 1	1	Princess	Ann	e. Md.		D BY REGISTRA	AR 255. REG	ISTRAR'S SIGI		

TO HOSPITA VR A15 (4) 1SM 9/59



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 1266

11252

1. PLACE OF DEATH 0. COUNTY	icomico		MARYLAN	ATS D	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Wicomico							
RURAL and give n		its, write	c. LENGTH OF STAY IN I	b c. CIT			rate limits, write R					
OR INSTITUTION	TAL (If not in haspital,				Salis LOS S.		ri ve			IS RESIL	FARM?	
3. NAME OF DECEASED (Type or print)	Geor	rst	Middle		lost nner	4. DATE OF DEATH	Moi Janu		Day 26		ear 961	
5. SEX Female	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIED	B. DATE OF			9. AGE (In years 70 yrs.	IF UNDER Months	TYEAR I			
10a. USUAL OCCUPATION during most of war MO. 13. FATHER'S NAME		done 10b.	KIND OF BUSINESS OR IN		RTHPLACE (Sto		ountry)	12.CITI	S.A.	VHATCO)UNTRY:	
R	obe Kenna			Mae	tha K	enna						
		CES? 16.	SOCIAL SECURITY NO. 17	, INFORMANT			Add	ress				
(Test inc) of bilandwill	no	at which	M:	rs Geo	rgia (Carter	Sali	sbur	V.	d		
Conditions, if c gove rise to couse (o), stoting	TH WAS CAUSED BY: IMMEDIATE CAUSE (company, which) immediate (CDUE))	ne for (e), (b), and (c).] Arterioscler(Arterioscler(ease			ONSE	Yrs Yrs		
) Old	HER SIGNIFICANT CON Cerebral AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	thron	CONTRIBUTING TO DEATH 100sis CRIBE HOW INJURY OCCU					VEN IN PAR		PERFOR	UTOPSY RMED? NO 😭	
20c. TIME OF INJUI Hour o. m. p. m.		While	NJURY OCCURRED 20e. Not while of work	PLACE OF INJ factory, street,	URY (Home, fo office bldg., e	arm, 20f. (City	y or town)	(0	Caunty)		(State	
21. I certify the saw the decea 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	sed alive ar	Mul	ded the deceased from	M.D. ATTE PHYS	NDING ADDRESS	M, fram O P M • MED. DIRECTOR	STAFF PHYS	nd an the	date s	22b 26/6	DATE SIGNED	
230. BURIAL, CREMATIC REMOVAL (Specify	L. V. Ma. ON. 236. DATE THEREO 1-29-61		M. D. 23c. NAME OF CEMETER Perry hawk	Y OR CREMATO	ORY	23d. LOCA	ate Hospi	or county)		(State)	
24, FUNERAL DIRECTOR	's SIGNATURE	sor	ADDRESS .	Anne.		EC'D BY REGIS		STRAR'S SH			P	

FAMILY ASSESSED TRAVELLED THE an Alex do Partitioners and Alexanders a a familia me

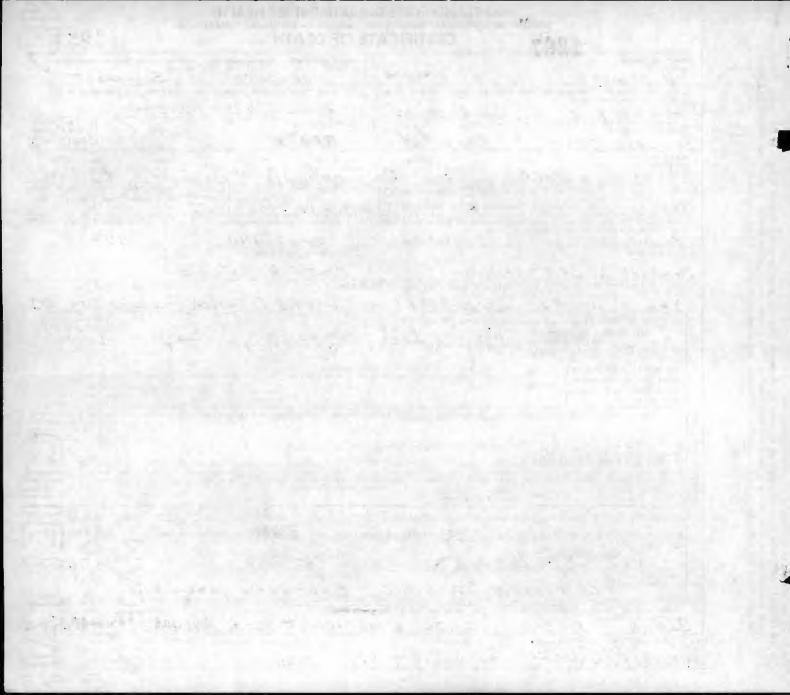
VR A1S (4) 15M #/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1267

61253

1. PLACE OF DEATH a. COUNTY	*		2. USUAL RESIDENCE (W			esidence befor	re admission	1/
Wicon	1100	MARYLAND	MARYA	LAND	. COUNTY SO	MERS	ET	
	(If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin	nits, write RURAL	and give nea	rest town)	
Salisha.		10 HOURS	RURAH.	- Pacomo	KE CIT	4		
d. NAME OF HOSE	ITAL (If nat in hospital, give street	address)	d. STREET ADDRESS	, \	10.		e. IS RESIDE	NCE PM2
teninsula	/	Nosbital	R.F.D. 1		(4)	(YES N	
3. NAME OF DECEASED	First	Middle	Last,	4. DATE OF	Month	Do	y Yeo	Pr .
(Type or print)	LUTHER	S. D.	1//Ingham	DEATH Sa	nuary	70	7 19	100
S. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF U birthday) Mo	nths Days	Hours	Min.
Male	White WIDOW		MARCH 16,1	905 5	3 yrs.	. Duys	10013	will,
10a. USUAL OCCUPAT	ION (Give kind of work done 10b. orking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	1	2. CITIZEN OF	WHATCOU	INTRY?
PHUMBE		PLUMBING	MARY	LAND		USA	2.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
CHARLES	L. BRITTINGH	IAM	EmmA 1	R. RITCH				
15. WAS DECEASEDEN	/ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17, I	NFORMANT		Address	R.F.D.	. /	
YES	WW#2 2	5-16-8394 m	RS CLARENCE	J. TAYLO	R Pocar	MOKE C.	ity n	nD.
18. CAUSE OF DE	EATH [Enter only one cause per li	ine far (a), (b), and (c).}	1 0 1	m	-	INTE	RVAL BETW	/EEN
/ PART I. DE	ATH WAS CAUSED BY:	Innomental	puface	& ac	uli		day	AIH
1420	DUE TO			1			1	
Canditions, if	any which)	U	•					
gove rise to	immediate (-	
lying couse lost	g the <u>under-</u> {							
Z PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE CON	DITION GIVEN II	N PART 1(0) 1	P. WAS AUT	TOPSY
A PI							PERFORM YES N	NO N
PART II. O PART III. O PART III. O OR CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION	VAS UNDERLYING 206. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of i	tem 1B.)			
OR CONTRIBUTION	IG □ CAUSE OF DEATH Y MEDICAL EXAMINER)							
3 20c. TIME OF INJU	JRY Month, Day, Year 20d. I		ACE OF INJURY (Home, far		vn)	(County)		(Stote)
ZOC. TIME OF INJU	10	Not white	ctory, street, office bldg., et	c.)				
			1-10	101	-112	10/01 1	100	3.1.
	nat (I) (this haspital) attend	11		567 . to	-	196/ th		
saw the dece	ased alive an 1-10	1921 , and that	death accurred at2 3	from the c	auses and a	n the date	stated a	
. 1 1	9-ROM.	4		AED. STA	FF -	1		IGNED
22c. PHYSICIAN'S	J COL	D'A1	22d. ADDRESS	PHY	15.		10	101
NAME (Type)	W. R. ELLIS	, JR. m.D	SALISB.	URY, MI	RYLAN	0		
230. BURIAL, CREMAT	ION, 236. DATE THEREOF	23c. NAME OF CEMETERY	ale and the second	23d. LOCATION (City, town, or co	unty)	(Stote)	
SURIAL Specif	1-13-61	GOODWILL	METHODIST	RIRAL- PE	COMOKE	Cityn	MARYL	ANI
24 SUNERAL DIRECTO	R'S SIGNATURE /	ADDRESS		D BY REGISTRAR	2Sb. REGISTRA	R'S SIGNATUR	RE	
Thenry	Al. Wakson 7	OCOMOKE CITY.	MD. DATERY	v 1 6 '61	anthur	S. Kruss		
Aning	/ 1	11	1-"3A	1 0 0.	1			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

(for a

Rd

Æ		268 CERTIFICATE OF DEATH	すべのは
De la Mile		PLACE OF DEATH b. COUNTY WICOMICO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE Maryland Maryland Maryland Maryland	
6	1	6. CITY OR TOWN (If autside corporate limits, write RURAL and give near RURAL and give pearest town) RURAL and give pearest town? Salisbury (Rural)	rest town)
×	R	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION C.D.# 1 Union Road R.D.# 1 (Union Rd)	ON A FARM? YES NO
1		NAME OF First Middle Last 4. DATE Month Dog OF DECEASED SYDNEY TULL, BROWN DEATH JANUARY 101	ch 19 6
		Male White WIDOWED DIVORCED NOV. 16, 1869 8. DATE OF BIRTH Nov. 16, 1869 9. AGE (In years lift UNDER I YEAR) Months Days Months Days	Hours Min
	Re	b. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF during most of working life, even if retired) Construction Worcester Co. Maryland U	S A
I		Anthoney Brown Mary Malone	
event	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Iris B. Long (Daughter) R.D.# 1 Salisbury, Maryland	Unior
or remaval, and in a		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under: lying cause last. (c)	RVAL BETWEEN ET AND DEATH
O	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 15 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)	9. WAS AUTOPS PERFORMED? YES NO
	CAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A	400
	MEDIC	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while of work of work of work NA	(Sta
1		21. I certify that (I) (this haspital) attended the deceased fram	stated above
Board of		Fluis Carbina M.D. ATTENDING X MED. STAFF PHYS. January 22c. Physician's NAME (TYD'r. Phillip A. Insley Main St. Salisbury, Marylan	_/198 nd
the State		23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Jan. 14, 1961 Union Cemetery-R.D.# 1(Union Rd) Salisbur FUNERAL DIRECTOR'S SIGNATURE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
0,0	1	OLLOWAY & COMPANY SALISBURY MARYLAND DATE AND 12 '61	

The state of the s Arminate following and all the Market State of the Control of the C The street of the second of th

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

269 CERTIFICATE OF DEATH

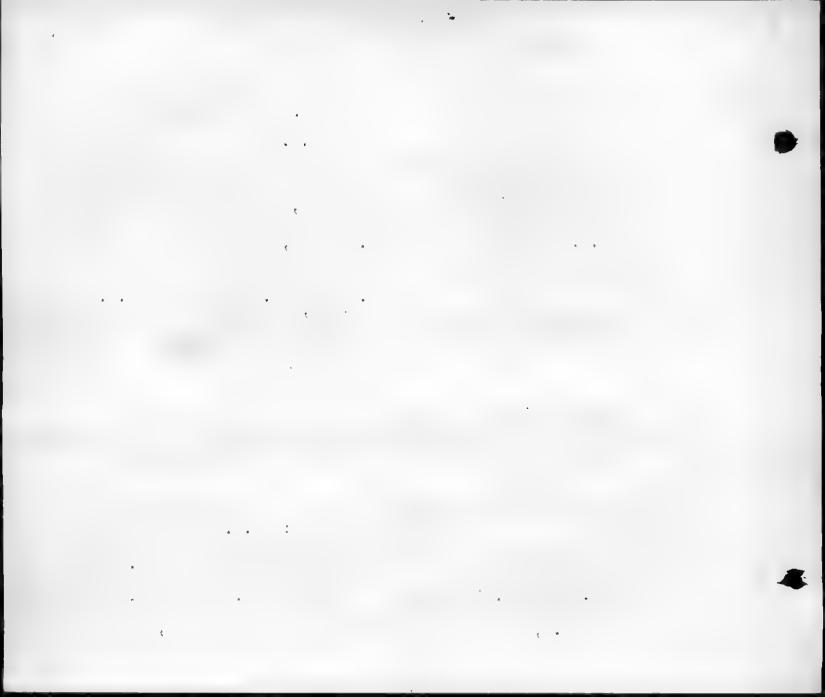
(.125)

*	CERTIFICATE OF DEATH	
	PLACE OF DEATH o. COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence to county Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence to county Wicomico) MARYLAND	
M)	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neares) town) Sallsbury c. LENGTH OF STAY IN 1b RURAL ond give neares) town) Hebron (Rural)	
82	d. NAME OF HOSPITAL (If not in hospitol, give sireet oddress) OR INSTITUTION Gen Hospital d. STREET ADDRESS R.D.# 1	e, ts residence ON A FARM? YES . NO .
	3 NAME OF DECEASED (Type or print) NORMAN LEE BRUMLEY 4. DATE Month OF DECEASED JANUARY	5th 1961
(I)	S SEX MARRIED NEVER MARRIED March 19,1908 S SEX White Widowed Divorced March 19,1908 S SEX MARRIED MARRI	EAR IF UNDER 24 HR ys Hours Min.
	Employed (J.H. Dulany Foods Inc) Supv. Eden, Maryland U	S A
	13. FATHER'S NAME Glenmore Franklin Brumley Annie Carey	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Mrs. Lucille G. Brumley (Wife) R.D. No. 17 INFORMANT Mrs. Lucille G. Brumley (Wife) R.D. Hebron, Maryland	.#1
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stoling the under-lying couse lost. (b) Conditions (1) Littly (b) Littly (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH N/A	PERFORMED?
6	- 1	
	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m N/A 19 While of work of work of work N/A 19 N/A 19 N/A 19 N/A 19 N/A 19 N/A 19 N/A	nty) (Slot
-	21 I certify that (I) (this haspital) attended the deceased from 10/8/54.19. to 15/6/1, 19. saw the deceased alive an 1/5/6/19. and that death accurred at 3/M, from the causes and an the deceased alive an 1/5/6/19.	, that (I) (we) la ate stated above
	220. SIGNATURE ATTENDING MED STAFF PHYS DIRECTOR DIRECTOR Jan. 220. ADDRESS NAME (Type) 220. ADDRESS	6_/1961 6_/1961
	Dr. Andrew C. Mitchell Maryland Ave. Salisbury, Ma 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county)	
	Burial Jan. 8. 1961 Parsons Cemetery Salisbury, Maryl	and (Stole)
>	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNAL SHOULD WAY & COMPANY SALISBURY MARYLAND DATE JAN 9 '61 Contain 8. F	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hodes the haspital ar attending physician.

SETOP: After this certificate has been signed by the attending of higher this certificate and completely falled in

MASSITA MAY BE FER TO FUNERAL (4) Supplemental (4) Supple



ESTON STREET, BALTIMORE 1, MARYLAND, ~ 🦰 Division of STATISTICAL RESEARCH GIZJO FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) r director, Page or your files, oard of Health, a. COUNTY Page a. STATE b. COUNTY Maryland Wiconico Wicomica MARYLAND b. CITY OR TOWN (if outside corporete I mits. c. LENGTH OF STAY IN 1b for your f 40 write RURAL and give nearest lown! Salisbury d. NAME OF HOSPITAL OR INSTITUTION (f not in hospitel, give street eddress) M d. STREET ADDRESS a. IS RESIDENCE ON A FARM? retained the State B YES NO General Hospital Peninsul Newport 16 Middle DATE Month Year and 3 to the DECEASED OF the (Type or print) DEATH after 19 Michael Bryant with 19. AGE (In years 1) UNDER 1 YEAR 5. SEX 6. COLOR OR RACE T. MARRIED NEVER MARRIED B. DATE OF BRITH IF UNDER 24 HRS. may by 2 with 1, 2, and 3 1ge 5 may and 2 wit 72 hours a lest birthdey) Hours WIDOWED [DIVORCED Ves 24 hours after 10s. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page s 1 and done during most of working life, even if retired) 8. Give Pages 1, File pages 1 MOTHER'S MAIDEN NAME PM3 3. FATHER'S NAME form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. [Yes, no, or unkown] (If yas give war or detas of servica) Office along with family burief-ransit permit amoval, and in any e in pencil in Item 1 1 18. CAUSE OF DEATH |Enter only one ceuse per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CALSE (e) Meningococcemia 10 hours DUE TO removal, Conditions, if eny, which (b) gave rise to immediate cause "pending" FD Examiner's DUE TO (a), staling the underlying 93 cause last used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,011 19. WAS AUTOPSY CERTIFICATION PERFORMED? 90 the word NO F Medical orld 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of invury in Part I or Part II of item 18.) PRIMARY IT or CONTRIBUTING IT MEDICAL EXAMINER: CAUSE OF DEATH. lease execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3: Chief 20c. TIME OF INJURY to bu Month, Dev. Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection TV Inquiry and in my opinion Natural causes 🛣 Undetermined manner death resulted from: Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 1-27-61 EXAMINER'S DEPUT Y OR CREMATORY 122d LOCATION CO NAME (Type) 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) REMOVAL (Specify) 246. REC'D BY REGISTRAR J 246. REGISTRAR'S SIGNATURE Ö 40 BURIA 23. FUNERAL DIRECTOR DATE JAN 3 1 '61 VS. A15ME Cally & Kines 15 buen 5M 7/59

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(1957

			(**, *** U ;
PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived	l. If institution: Residence before admission) b COUNTY.
(NICOMICO	MARYLAND	maryhand	Wie mice
b. CITY OR TOWN (If outside corporate limits, write RORAL and give nearest town)	c. LENGTH OF STAY IN 16	c, CITY OR JÓWN (If outside corporate I	mits, write RURAL and give nearest town)
. Subisbuiry		Hal, 5/2414	*
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARMA
FLDINGULA NEDY	1-aL	330 Camden Ave.	YES NO
3 NAME OF DECEASED / First	Middle	tost 4 DATE OF	Month Day Yeor
(Type or print)	6 m 13 /3/		chuary 10 1961
S. SEX 6 COLOR OF RACE 7. MARRI		and In	GE (in years IF UNDER 1 YEAR IF UNDER 24 HR: Months Daye Hours Min.
Make White WIDOWE		pehr. 12, 1000 /	4 yrs 3 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			
Employee(Wico.Hotel)Ir	iterior Deco	,	Co.Md. USA
13 FATHER'S NAME		14 MOTHER'S MAIDEN NAME	2
Charles Buckhart		Elizabeth (No Re	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? [16 structure] [16 structure] [16 structure] [17 yes, give war or dates of service]	SOCIAL SECURITY NO.	s.Estelle M.Burkha Ave. Salisbury,	rt(Wife)330 Camden Maryland
18. CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c)	1 - 1	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY.	dermad Or	t & dung	ONSEL AND DEATH
DUE TO			
Conditions, if any, which)			
gove rise to immediate DUE TO			
lying cause lost.			
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS C			YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURRE	O. (Enter nature of imury in Part I or Part II of	item 18.)
OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	'A		
3 20c. TIME OF INJURY Month, Day, Year 20d, IN	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f (City or to	wn) (County) (State
Hour o m. N/A 19 White of work	1401 #1010	tory, street, office bldg , etc.)	N/A
21 I certify that (I) (this haspital) attend		home 1960 to the	196 that (I) (we) las
saw The deceased alive an	Paralal	131	causes and an the date stated above
220 S CNATURE	year verte, r und mul u	com occorred disapproximent	22b DATE
the Ofeant Gray		M D PHYS DIRECTOR D	Aff □ Jan.10,1961 GNE
22¢ PHYSICIAN'S		22d ADDRESS	
NAME (Type) . William D. Gra	a y	Camden Ave. Sali	sbury, Maryland
230 BUR AL, CREMATION, 235 DATE THEREOF	23c. NAME OF CEMETERY O		(City, town, or county) (State)
REMOVAL (Specify Burial Jan. 12, 1961	SPRING HILL		Salisbury, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25g REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
	ALISBURY MAR	YLAND DATE JAN 1 3 '61	(i'm & France

may be retouched by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 houry offer death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hay

TO HOSPITA

VR A15 (4) 15M 9/59

4. 1

fter death. Page 4



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

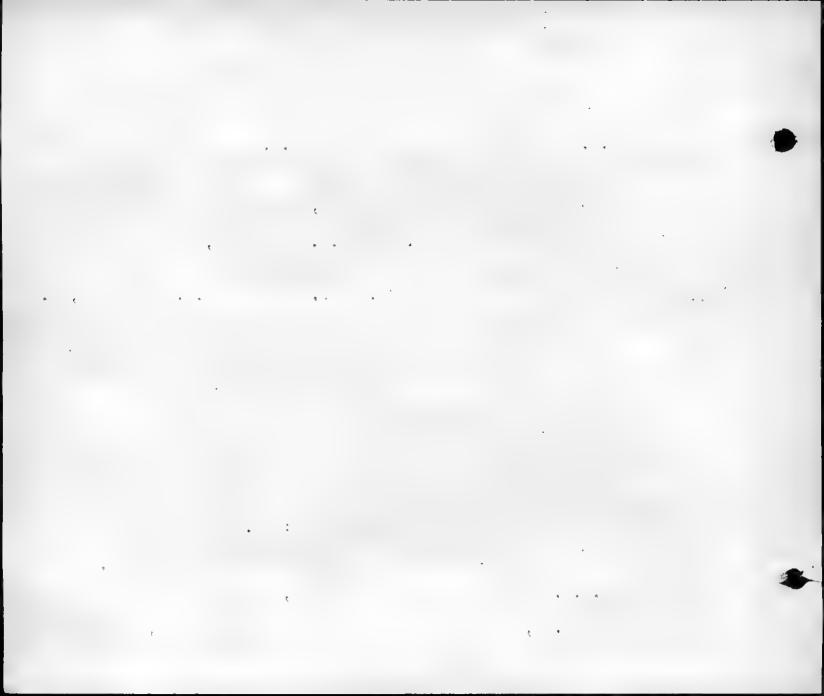
TO HOSPITA

VR A15 (4) 15M 9/59

er death. Page 4

CERTIFICATE OF DEATH

	GERTHION	2 01 22/1/11								
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If in p. STATE	115,0007							
Wicomico	MARYLAND	Maryland	Wicomico							
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, v	vrite RURAL and give nearest lown)							
(Rural) Quantico		X Quantico (Rur	al)							
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION	street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?							
R.D.#		R.D.#	YES NO							
NAME OF First	Middle	Lost 4. DATE	Month Day Yeor							
(Type or print) ROBERT	GREENSBURY	OF	NUARY 17th 19 6							
SEX 16. COLOR OR RACE 7	MARRIED NEVER MARRIED	DATE OF BIPTH 9 AGE (In	VEOUS IF UNDER TYEAR IF UNDER 24 HRS							
Made Transfer	DOWED THE DIVORCED	May 3. 1879 81	yrs. O Lay Hours Min.							
a. USUAL OCCUPATION (Give kind of work done		- 7 7	12. CITIZEN OF WHAT COUNTRY							
during most of working life, even if retired)		41	THE MAN AND AND AND AND AND AND AND AND AND A							
Retired Farmer	Farming	R.D.# Quantico, Md	USA							
FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
	yrd	Rachel Owens								
WAS DECEASED EVER IN U. S. ARMED FORCES (M. no. or unknown) (If yea, give war or dates of service Unk	16 SOCIAL SECURITY NO.	Lee C.Byrd(Son) R.D	.# Quantico, Md.							
18. CAUSE OF DEATH [Enter only one couse	per lists for (a), (b), and (c)]		INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY: Suke quite Country of mathematical ONSET AND DEATH										
IMMEDIATE CAUSE (o)	June 1	To the second	1 Marie							
O I O X DUE TO	Hurren Workling	of 112- 2/2 do = 0	0 3/11							
Conditions, if ony, which (b) (b)	11/200116	The costate dra	of the are							
couse (o), stoling the under DUE TO										
lying couse lost.) (c)										
PART IT OTHER SIGNIFICANT CONDITION TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ons contributing to DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED? YES NO (1)							
200 ACCIDENT WAS UNDERLYING 200 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INFURY OCCURRE	Enter nature of injury in Part 1 or Part II of item	18.) October							
20c TIME OF INJURY Month, Doy, Year Hour o m	20d. INJURY OCCURRED 20e. PL	CE OF INJURY (Home, form, 20f. (City or town)	(County) (State							
Hour o.m N/A 19	While Not while to	N/A N/A								
		. 53 //	17 61							
21 I certify that (I) (this haspital) a	1	4:05A 10 face	17_, 196/, that (I) (we) la:							
saw the deceased alive an	1967, and that	eath accurred at M. from the cause	es and an the date stated above							
MESIGNATURE T. V. So.	teler_	ATTENDING MED. STAFF	22b DATE SIGNE Jan. 19 /19							
22c PHYSICIAN'S		22d ADDRESS	7							
NAME (Type Dr. L. V. Sohl	er	Delmar, Maryland								
g BUR AL CREMATION 236. DATE THEREOF	23c NAME OF CEMETERY O	CREMATORY 23d LOCATION (City,	fown, or county) (State)							
REMBURIAT Jan. 19.1		CEMTERY SALISB								
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS									
		25a. REC'D BY REGISTRAR 25b	REGISTRAR'S SIGNATURE							
OLLOWAY & COMPANY	SALISBURY MA	YLAND DATE								



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 1973

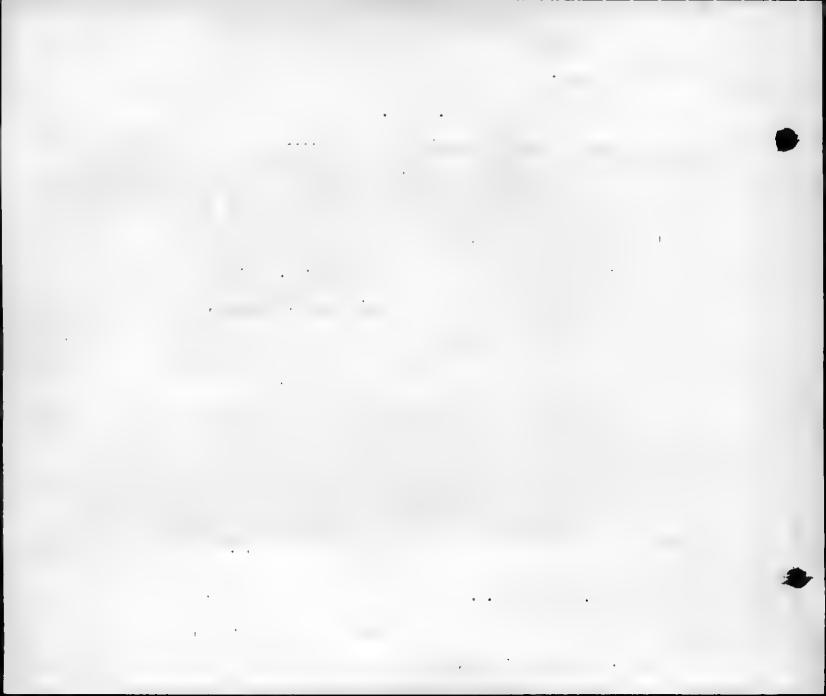
02360

	£6/ (1) _		TV 3 - 0000		OI DEAT	**			(7 1 -
PLACE OF DEATH		- CEM - 1	FIIN GZOZ	2/ 1/1/2	USUAL RESIDENCE	(Where deceas	sed lived If institut	ion: Residence	before adm	ussion)
a. COUNIT	Wicomico		MARTI		O STATE	land	b. COUNTY		omico	
b. CITY OR TOWN RURAL ond give	(If outside carporate lin	nits, write	c. LENGTH OF STAY IN	ч 16	CITY OR TOWN	(If outside corp	porote limits, write l	RURAL and giv	ve nearest to	wn)
KOKAL bud Bisa	Salisbury		1 mo. 20 d	la.	Quar	nti.co				
d NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital,	give street		9	d STREET ADDRESS				ON	ESIDENCE A FARM?
	Deer's Hea	d Stai	te Hospital	1 2		•			YES	NO
3 NAME OF DECEASED	F	irst	Middle		Last	4. DATE	Мо	nth	Day	Year
(Type or print)	_	11ma	Naomi		Camper	DEAT	o an	uary	31	19 6]
5. SEX	6. COLOR OR RACE	7- MARE	RIED 🔼 NEVER MARRIED	BC	ATE OF BIRTH		9. AGE (In years last birthday)	Months D	YEAR IF UN	
Female	Negro	WIDOW			11/2/1906		54 yrs	<u> </u>		
10a. USUAL OCCUPAT during mast of we	TON (Give kind of work orking life, even if retire	done 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (S	tote or foreign	country)	12. CITIZI	EN OF WHAT	COUNTRY
Ass't Die	tian		School		Marylan			1	USA	
13. FATHER'S NAME				ין	4. MOTHER'S MAIDE					
Perry Wi					Sarah J	. Robi				
15, WAS DECEASED EV	1 (If yes, give war or dates of		SOCIAL SECURITY NO.	17, INFO	RMANT		Ade	dress		
N ⊕	No			Dav:	id Camper,	Quant	ico, Md R	T #1		
	EATH {Enter only one of		ne for (o), (b), ond (c)]						INTERVAL	BETWEEN DEATH
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Ca	arcinoma of	Breas	sts w/meta	istases	to Chest		2 Ye	ears
1.7	O X DUE TO	0								
Conditions, if	ony, which	(ь)								
gove rise to couse (o), stotin	immediate (Duc T									
lying couse los		(c)								
PART II. O	THER SIGNIFICANT CO	NDITIONS (CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TE	ERMINAL DISEA	ASE CONDITION GI	VEN IN PART	PERI	S ALTOPSY FORMED?
200 ACCIDENT V	VAS UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED. (8	inter noture of injury	r in Part I or P	art II of item TB)			
CIF EITHER, NOTH	IG ∐ CAUSE OF DEATH 'Y MEDICAL EXAMINER)	1								
3 20c. TIME OF INJ	JRY Manth, Day, Y	ear 20d. II	NJURY OCCURRED 2		OF INJURY (Hame,		ity or town)	(Co	ounty)	(State
20c. TIME OF INJI	10	While of wor	Not while	ractary	, street, office bldg ,	elc]				
-		al) attend	ded the deceased f	ram	12/12/60	12 ,.ta	1/31/61	19	_, that (I)	(we) las
	ased alive on_1	/31/6			h accurred at	M, fran	n the causes a	nd an the	date state	ed abave
220 SIGNATURE	in E.					Li5P.M	•			22b.DATE SIGNEI
	v.juer	mo	ru	M.D	ATTENDING PHYS	MED DIRECTOR	TAFF	1 77		SIONEI
22c PHYSICIAN'S NAME (Type)					22d. ADDRESS	Deer's		te Hos	DICAL	
	V. Juerm	an, M	.D.			Salisb	ury, Mary	land		
23a. BURIAL, CREMAT	ION, 23b. DATE THERE		23c. NAME OF CEMET	ERY OR C	REMATORY	23d LOC	ATION (City, town,	or county)	(5)	tate)
Burial Specif	2/5/61		Odd Fellow	s Cen	1	Web	tquin, Md			
24, FUNERAL DIRECTO			ADDRESS			REC'D BY REG		ISTRAR'S SIGI	NATURE	
Thornton F	Jalley	501401	harmer M.a		DATE	FEB 8	'61 a	rthur 8.	Kraus	

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by e funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. er death. Page 4 ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hay

TO HOSPITA VR A15 [4] 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1274

(1259

	1 1	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
-	0	VILOMICO	llo	o. STATE MARY/AND b. COUNTY WILL ON MI	· C 0			
1)	E	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown),	ìb	c CITY OR TOWN (If ourside corporate limits, write RURAL and gi				
and a second		SALISBURY dWKS	1	2 SALISBUTY				
den.		d. NAME OF HOSPITAL (If not in hospital) give street address) OR-INSTITUTION		d. STREET ADDRESS	e IS RESIDENCE ON A FARM?			
N.		PENINSULA DENERAL HOSPITAL		1 JOHNSON NO.	YES 🔝 NO 🗍			
Sign 1	3. [NAME OF First Middle	- 11	Last 4. DATE Month	Day Year			
		Type or print)	1	atham DEATH January	11- 1961			
	5 5	EX 6 COLOR OR RACE 7 MARRIED MEVER MARRIED		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	YEAR IF UNDER 24 HRS			
	7	emale white WIDOWED [] DIVORCED [Dec 2-1886 74 yrs. Months [Pays Hours Min			
	10a	USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR II	NDUS	TRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZ	EN OF WHAT COUNTRY?			
	-	HOUSE WIFE OWN HOME		MARY/AND U	. S. M.			
	13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
		FILEC J. MALONE		UNKNOWN				
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.	17 IN	FORMANT Address				
		NO - NONE	C,	HERDERI CHATHAM, JA	ME			
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]			INTERVAL BETWEEN			
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	سے		3 Luna			
		LL LL 2 DUE TO D	1	11	100			
		Conditions, if ony, which) (b) Ceve by		Hemorrhage	11days			
		gove rise to immediate DUE TO	1		14. 0			
		lying couse ost. (c)	4	ens luc (, wiserse	The			
	CATION	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(6) 49 WAS AUTOPSY PERFORMED?			
n.					YES NO			
j.	CERTIF	OR CONTRIBUTING [] CAUSE OF DEATH	JRRED), (Enter nature of injury in Part I or Part II of item 18.)				
	11 C6	IT ETHEK, NOTIFY MEDICAL EXAMINER						
	DIC	Hour o m. While Not white	e. PLA foc	ICE OF INJURY (Home, form, 20f. (City or town) (Co fory, street, office bidg., etc.)	ounty) (Stote)			
	MEDI	p. m. 19 of work of work						
		21 I certify that (I) (this haspital) attended the deceased fro			, that (I) (we) last			
			at d	eath occurred of 239M, from the causes and on the				
		220. SIGNATURE		ATTENDING MED STAFF	22b. DATE			
		22c. PHYSICIAN S		M D. PHYS DIRECTOR STAFF DIRECTOR PHYS 22d. ADDRESS	1-11-61			
		NAME (Type) EXV Q ROTEV		407 Canden Dan Sa	l. md			
	230	BURIAL, CREMATION, 236 DATE THEREOF 234 NAME OF CEMETER	RY OF	CREMATORY 23d LOCATION (City, fown, or county)	(Stote)			
J		BOOK PARSONS	(emetery Salisbury, NII	9RY/AND			
ci.	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		256 REC'D BY REGISTRAR 256, REGISTRAR'S SIG	NATURE			
	17	III & JOHNSON, CO. DALISBUR	4)	MC, DATE JAN 1 6 '61 Cirthur S.	Kraus			
		Ring (Hier &						

may be reported by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and mampletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, thin 72 hours ofter death. fler death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay TO HOSPITA

VR A1S (4) 15M 9/59



ESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased | ved. If institution; Residence before admission) is necessary, director. Page or your files. e. COUNTY d of Health, b. COUNTY Wicomic MARYLAND Worcester b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 12 days Salisbury 12 Cays
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, g ve street eddress) Pocomoke a. IS RESIDENCE ON A FARM? relained State 1 YES NO XX Second DATE DECEASED OF the (Type or print) DEATH 1-30-61 Mae Taylor Choquette shmuld be execumed within 24 hours after death 192" in pencil in Item 18. Give Pages 1, 2, and 3 to 5. Office along with form PM3. Page 5 may be a burial-transit permit. File pages 1 and 2 with a burial-transit permit. File pages 1 and 2 with ₩ith 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS may to 2 with last birthday) Months WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arie James Taylor Pearl 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we condete sof service) Mrs Arie J. Taylor, Pocomoke 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Broncho-pneumonia: Peritonitis. days IMMEDIATE CAUSE (a) 13 **DUE TO** Bullet wounds of left chest & abdomen geva rise to immediate causa DUE TO (a), stating the underlying cause last. Page 3 should be to burial cremelion, o pe nseq PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110, 19, WAS ALTOPSY PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Pace 3 should be YES T NO [20a EXERNAL CAUSE WAS PRIMARYL | or CONTRIBUTING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of Item 18.) CAUSE OF DEATH. Shot by R. Parker , 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 1 20f., (City or lown) 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) While Not While 1-17-6 Work at work X Pocomoke Worcester Md. 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection 1. Inquiry X. agent, death resulted from-Natural causes Accident . Suicide [Homicide X Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Royer, EXAMINER'S EPO Salisbury Aldes (Street, city, town, or county)
OF CEMETERY OF ANALON (22d. LOCATION (C 228. BURIAL, CREMATION, REMOVAL (Specify) 22d. LOCATION (City, town, or country) Burial E40 9 First Baptist Pocomoke 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. ATSME City, Md . DATEFEB 6 Cithur S. Krous

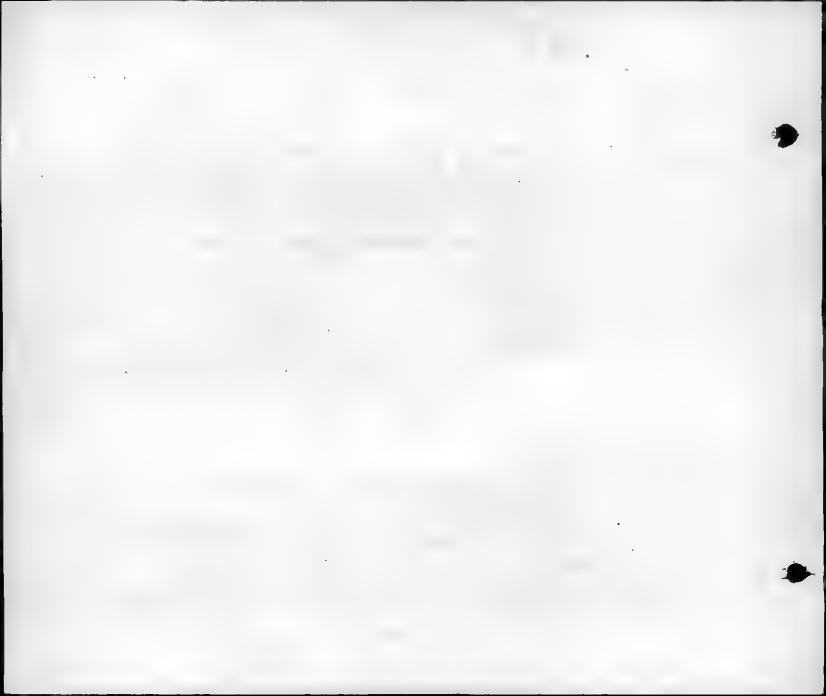
MARYLAND STATE DEPARTMENT OF HEALTH



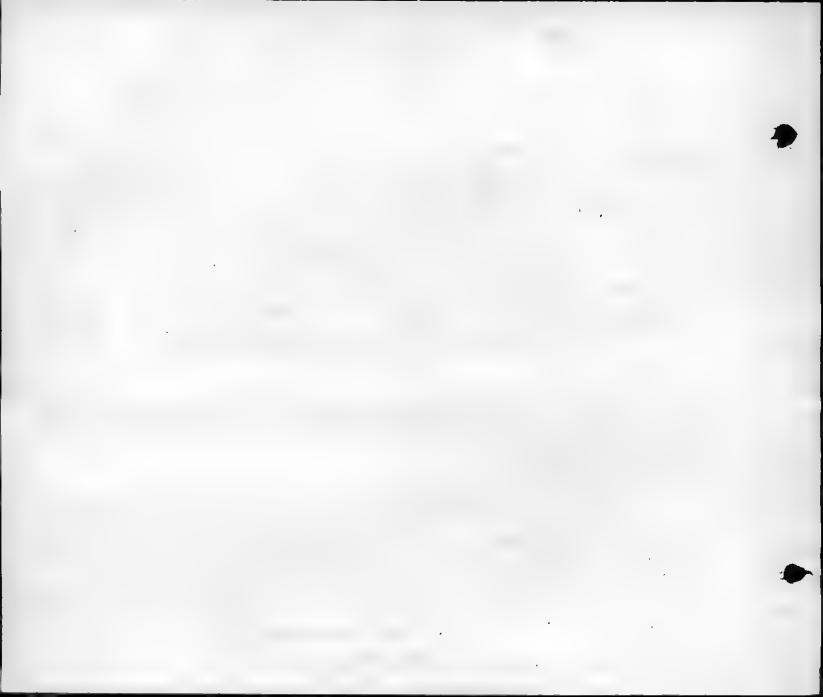
VR ATS (4) 15M 9/59

(.126i

		7400	T. 1/2 11/7 0	1007 0 71 (1						
		COUNTY	MARYLAND	2 USUAL RESIDENCE (Wh		COUNTY				
	b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16	1	utside carparate limi					
		SALISBURY		IJERL	1 14	0 7	*			
	(d. NAME OF HOSPITAL (If not in haspital, give street of INSTITUTION		d. STREET ADDRESS	<u></u>		ON A FARM?			
		I'EN OFNERAL H	FUSPITAL	3A	1 - 2 1					
		NAME OF First THOMAS	CORNELIU	S Coffin'	4. DATE OF DEATH	Jan.	31 1961			
	5 5	6. CO.OR OR RACE 7 MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	381 9 AGE last to 7	1 11				
	10a	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)		DIVORCED NOY, 17, 1881 79 yrs. OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) N BUSINESS BERLIN MD RF, P. U.S, A.						
	13.	FATHER'S NAME	71470 1-0-11-	14. MOTHER'S MAIDEN N	IAME	(1)	. 3, 7, 7, .			
1		THOMAS T. COF	FIN	Cora Tr	ader					
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16, no, or unknown) [If yes, give wor or delea of service]	SOCIAL SECURITY NO. 17 II	NFORMANT	B. IS RESIDENCE ON A FARM? YES NO A FARM? YE					
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under- lying couse last.	This Siles	reactive ou	Wai a	ton an				
	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d, II Haur a m. 19 While at war	Nat while fa	ACE OF INJURY (Hame, farm ictary, street, affice bldg, etc	MANUAL DISEASE CONDITION GIVEN IN P Part I or Part II of item 18.) M, from the couses and on II IECTOR STAFF PHYS 23d LOCATION (City town, or count BERLIN D BY REGISTRAR 25b, REGISTRAR'S	n) (Cau	unty) (State)			
			ded the deceased from	· (10	69. /.to	-3/196				
		220. SIGNATURE 22b. DATE SIGN								
		22c. PHYS.CIAN'S NAME (Type)) Thomas	M.D. PHYS DIII	RECTOR D PHYS	Ferend	Idan			
	230	BUR.A., CREMATION 236 DATE THEREOF REMOVAL (Specify) 3 UR A L 2 3 6	TAYLOQ	DR-EREMATORY y / ULE	RIOL	ty tawn, ar county	(Stalley)			
,	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	25b. REGISTRAR'S S GN	IATURE			
		Homa A. Burbare	: Bulu 1	M. DATE D	ER 6 '61	arthur 8.	Fernia			

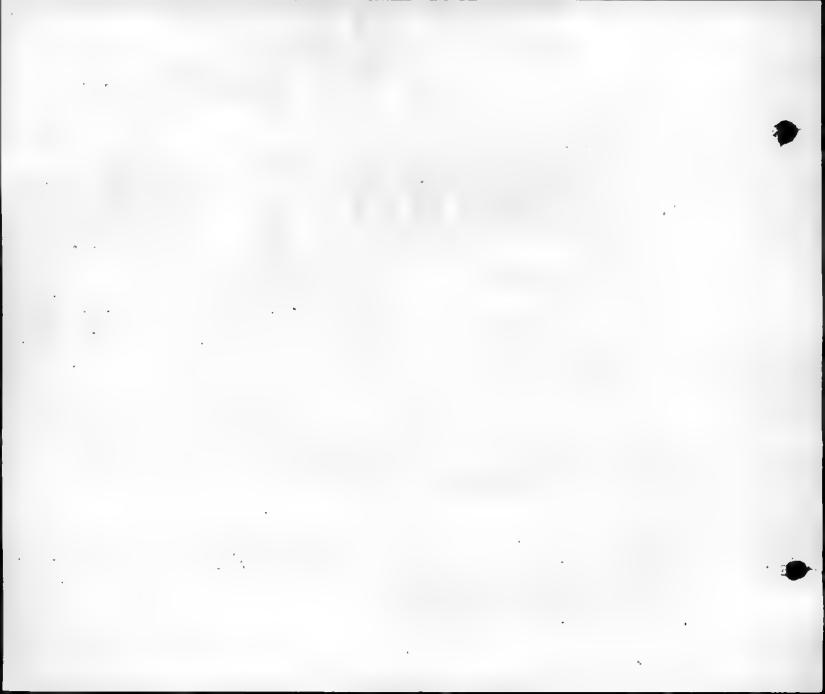


DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH l director, filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) · COUNTY b. COUNTRY MARYLAND Wiconico eral c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give peorest town Т AlishoR 6 d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION IS RESIDENCE d. STREET ADDRESS ON A FARM? BIrd YES NO PA ocean ,E NAME OF Middle 4. DATE Day Last Month Year DECEASED ed OF DEATH (Type or print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX CQUOR, QR, RACE B. DATE OF BIRTH AGE (In years MARRIED NEVER MARRIED last birthday) Months Doys DIVORCED [WIDOWED 🔀 aft. papers. 70 100. JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? OUSE puo c 2 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 90 9 physician event, with 0 remove 6. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 15. WAS DECEASED EVER IN U If yes, give wor or dates of service) attending CAUSE OF DEATH [Enter only one couse per line for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH 효 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** by permit. Conditions, if ony, which paub gave rise to immediate **DUE TO** couse (o), stating the underlying couse last burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour p. m White Not while at work at work p. m 21 I certify that (I) (this haspital) attended the deceased fram. that (1) (we) last ed saw the deceased alive an and that death occurred at detoch M. from the causes and an the date stated above tay be retained by the FUNERAL DIRECTOR: 220 SIGNATURE 22b, DATE SIGNED shavid be DIRECTOR [M.D. PHYS Board 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) C 23d. LOCATION (City, lown, or county) 23a. BURIAL, CREMATION, 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Slote) PREMOVAL (Specify) 0 266. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC D BY REGISTRAR VR A15 (4) DATE FEB 15M 9/59





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



FUNERAL DIRECTOR: 3 shauld be 0 VR A15 (4) 15M 9/59

by the

Boord

Filed

ě

should

erd

5

Filled

campletely

pa

physician

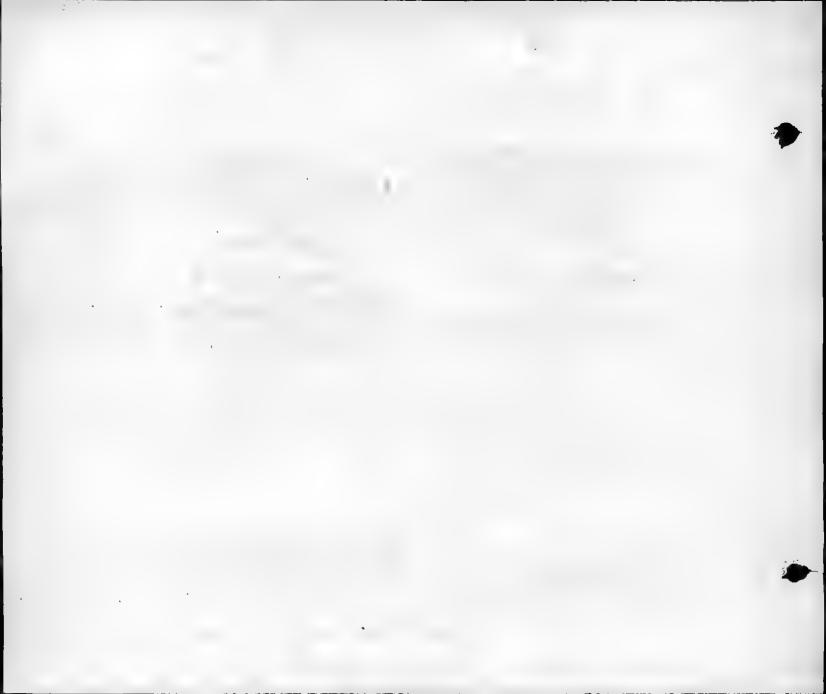
permit

burial-transit

has been signed

certificate as the

popers



CERTIFICATE OF DEATH

(1268

	ğ	ŧ		,
	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	1	1
	0	E E	/	J
	uner	9 9		
	ne f	hou		
Į	5	2 s		
	<u>=</u>	on o		
	ed	is 1	Ŧ.	
	수듀	20ge	qea	
	ete	yř	fler	
	duro	эрег	rs a	
	Ŭ D	ğ	Poc	
	0 0	rba	1 72	
	icial	00	iffi	
	shys.	may	₹.	
	ng I	2	ever	
	ipui	eos	any	
	affe	ال د	ž.	
	the	He	Pub	
	٥	#	ĺ,	
	gned	pern	pme.	
dh.	o Siç	÷==	2 20	
SICI	beel	tran	Ä,	
é.	has	<u>ģ</u> ,	natio	
ding	ote_	pon a	cren	
ffen	iific	÷	<u>ō</u>	
0 10	Cer	9	ρol	
<u>p</u>	this	n k	다	
osbi	fler	Di Po	prio	
ie h	R: À	ache	듬	
74	ē	del	Ĭ	
P	IREC	pe-	d of	
F	0	plup	Sogr	
e re	ERA	3 sh	ite E	
y b	N	96	Sto	
may be retailed by the hospital or attending physician.	O	Q.	the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.	

VR A15 (4) 15M 9/59

ATTINDES FITY MICIAN: The form requires that the direct certificate be executed within 24 hours are death. Page 4

L		1401		CERTIF	ICAIL	OF DE	AIII					
٦	o. COUNTY Wicomico			MARY	- 1	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. STATE Maryland b. COUNTY Wicomico						
	b. CITY OR TOWN RURAL and give s	(If autside carporate lim learest town) SALISBUR	its, write	c. LENGTH OF STAY	IN 1b	. F		otside corporate I bury	imits, write R	URAL and giv	ve nearest fav	en)
		TAL (If not in hospital,	give street			d. STREET AL		Locus	t St		ON	SIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	CHAR		Middle		DAVIS		4. DATE OF DEATH	JAN	UARY	26	Year 19 6.1
5.	Male Male	6. COLOR OR RACE	7 MARR	RIED NEVER MARRIE	_	ate of Birth		, la	GE (In years st birthday) 54 yrs.		YEAR IF UND	
	Driver(0	ON (Give kind of work rking life, even if retired perator)	dane 10b.	kind of Business o		Salis	bury	Maryla	_	12. CITIZE	S A	COUNTRY?
13	. FATHER'S NAME	D == 4 ==			1	4. MOTHER'S						
L.	Joseph		eran la .			Clara			A 8.1			
()	res, no, or unknown)	ER IN U. S. ARMED FOI (If yes give war or dates of	(CESP 16,	SOCIAL SECURITY NO	Mrs	Glady Sa	s P.	Davis() ury, Ma	Wife" rylan	ii6 E	.Locu	st St
ATION	Canditions, if a gave rise to cause (a), storing lying cause last	immediate DUE TO	o) >	CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO	THE TERMI	NAL DISEASE COI	NDITION GIV	VEN IN PART	PERF	AUTOPSY ORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPY PERFORMED? YES NO ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A									2 1,00		
MEDICAL	20c, TIME OF INJU Haur o. m. p. m.	RY Month, Day, Ye N/A 19	or 20d II While at war	NJURY OCCURRED Not while at work	20e PLACE factory	OF INJURY (H	lame, farm bldg., etc.	20f (City or to	N/A,	(Ca	iunty)	(State)
	21 1 certify that (I) (this haspital) attended the deceased fram											
	226 SIGNATURE	llen D	_ ! {	200es.4	M.D		A DII	D S1 RECTOR P	AFF IYS.	Jan.	30/1	SIGNED
	22c PHYSICIAN'S NAME (Type)	r.Wilber	R.El	lis Jr		22d. ADDRES		Cente:	r Sa	lisbu	ry,Ma	rylar
23	REMOVAL (Specify	Agent although a		23c NAME OF CEM			Dowl	23d LOCATION			(Sto	ote)
24	BUTTAL FUNERAL DIRECTOR		1961	Wimmico ADDRESS	Menn	orial		BY REGISTRAR	25b REGI	Mary ISTRAR'S SIGN	NATURE	
]	HOLLOWAY	& COMPAN	Y S	ALISBURY	MARY	LAND	DATE	JAN 31 '61	(arthur 2	. Thate	



D. III.

20c. TIME OF INJURY Day, Year

20d INJURY OCCURRED

20e. PLACE OF INJURY (Home, form,

foctory, street, office bldg, etc.

(County)

21 I certify that (I) (this haspital) attended the deceased fram.

While Not while of work of work

1961, that (1) (we) last

saw the deceased alive an and 17 22o. SIGNATURE

ATTENDING PHYS 22d. ADDRESS Camden Ave. Salisbury, Maryland

MED.

____19 & / , and that death accurred at P. RM, from the causes and an the date stated above

20f. (City or town)

SIGNED

(Stole)

22c. PHYSICIAN'S NAME (TOP. Harry Mattax

230 BURIAL, CREMATION 236 DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Wicomico Memorial

Park

23d LOCATION (City, town or county)

STAFF PHYS

Salisbury, Maryland 25b REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE

25g. REC'D BY REGISTRAR

willyon & France

FUNERAL DIRECTOR 0 15M 9/59

þ

shauld

director

funerol

c

É à E_O 200

physici remave

(C) eose attendin

ă

Fled

shauld

Pages

5. SEX

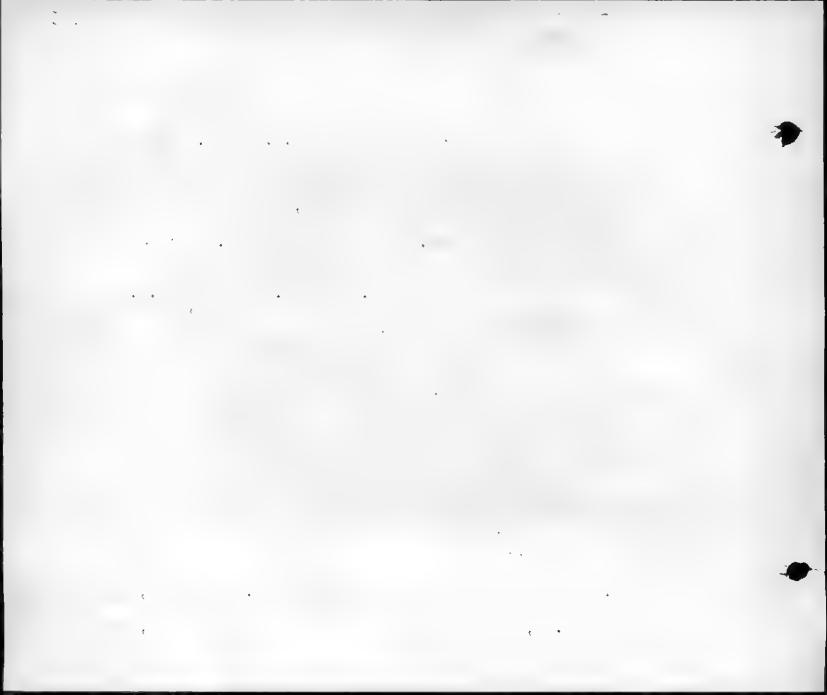
HOLLOWAY & COMPANY

Jan. 20.1961

SALISBURY MARYLAND

ADDRESS

DATE JAN 1 9 '61



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

(1268

4 55	2	L	1283 CERTIFICATE OF DEATH
director filed wit			1. PLACE OF DEATH O. COUNTY O. STATE O.
death.			b CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISUITE C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
J 2 short	0 17		A NAME OF HOSPITAL (If not in hospital, give street oddress) OR NSTITUTION OR A SARM? YES NO PLANTED NO PLANTE
2 hau ted in			3 NAME OF DECEASED (Type or print) First Middle ELL/CT/ DEATH JAN/LARY 26, 196/
pletely first Page		Ī	5. SEX 6 COLOR ON RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 18 AGE (In years 15 UNDER 14 HS lost porthody) Months Doys Hours Min
d com			100. USUAL OCCUPATION (Give kind of work done that country) 104. USUAL OCCUPATION (Give kind of work done that country) 105. USUAL OCCUPATION (Give kind of work done that country) 106. USUAL OCCUPATION (Give kind of work done that country) 107. USUAL OCCUPATION (Give kind of work done that country) 108. USUAL OCCUPATION (Give kind of work done that country) 109. USUAL OCCUPATION (Give kind of work done that country) 110. USUAL OCCUPATION (Give kind of work done that country) 111. BIRTHPLACE (Stole or foreign country) 112. CITIZEN OF WHAT COUNTRY?
te b	= (-)[13. FATHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME HILLY DOLL OF
n certificating physical e remave			15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. (Year no. or unknown) 2 (17 year give wor or dalax of service) 216-14-922 MCSLUCY ELECT? MARCA - 27. MA
ottendi			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) NEW YORK OF CAUSED AND DEATH A COURT ONSET AND DEATH 2. CAUSED A COURT ONSET AND DEATH
thot the liby the lift. The			Conditions, if ony, which) [b]
an. signed sit pern		. CATION	gove rise to immediate cause (a), stating the under- lying cause lost. DUE TO (c)
he law physicinas beer riol-tran	(PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
tending ificate h the bur	5		20b ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18)
al or at this cert in use as	3		20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work o
NEIIIG e haspit After ched fa			21 I certify that (1) (this haspital) attended the deceased fram. 1724. 1904, to 1726. 1994, that (1) (we) last saw the deceased alive an 1726. and that death accurred a 1997, fram the causes and an the date stated above
by the SECTOR be deto		,	220 SIGNATURE LOLLA R. ECLIA MD ATTENDING MED STAFF DIRECTOR DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DIRECTOR PHYS D
retain RAL DIRI			22c PHYSICIAN'S NAME (Type) WIL BUR R CLIES 22d. ADDRESS
moy be reho O FUNERAL page 3 shouth			230 BURIAL CREMATON, 23b DATE THEREOF REMOVA (Specify) THE 29 (HE) MARINELA (Stote)
VR A15 (4) 15M 9/59	*1,		24. FUNERAL DIRECTOR'S SIGNATURE THE FUNERAL MADRESS SHAPPTOWN DATE SO REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE DATE THE 1 '61 Commany's Themes

VR A1S (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11900

-	*							
1.	PLACE OF DEATH	lcomico	MARYL	O STATE .	DENCE (Where decease aryland	ed lived. If institution b. COUNTY	wicom	
	RURAL and give no	f outside corporate limits, viorest lawn) narptown	write c. LENGTH OF STAY II		OWN (If outside carps Karbtown	orate limits, write RI Salisb		rest tawn)
	A MAME OF MOCBIT	At (If not in hospital, give erry Street	street oddress)	d STREET A				ON A FARM? YES NO X
	NAME OF DECEASED (Type or print)	EDGAR	Midd'e SLEMONS	ELLIS	4. DATE OF DEATH	JAN.	th Doy	/-
	sex ale	7 70 4 1	MARRIED NEVER MARRIES		, 1883	9. AGE (In years lost birthday) 77 yrs	Months Days	Hours Min,
	Retired 1	ON (Give kind of work don king life, even if retired) Rallroad Er	106. KIND OF BUSINESS OR	DeTma	ACE (State or foreign of ar, Delaws	**		WHAT COUNTRY?
	father's name Monroe W.	Ellia			a Morris			
15 (Ya	WAS DECEASED EVE			Mrs.J.Ed	win Winds	or(Daûg	ĥter)Fe	rry St
	Canditians, if a gove rise to i cause (a), stating lying couse last.	mmediate (Aperten:	ive dro	70200	slay I	2	: you
CATION		HER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THETERMINAL DISEA	SE CONDITION GIV	/EN IN PART 1(o) 19	PERFORMED? YES NO X
CERTIFI	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER	b. describe how injury of N/A	CURRED. (Enler noture o	f injury in Part I or Pa	rt () af item 18.)		
MEDICAL	20c TIME OF INJUR Hour a.m. p.m.	Y Manth, Day, Year N/A 19	20d. INJURY OCCURRED While Not while of work at work	20e. PLACE OF INJURY (factory, street, affice N/A	Home, form, 20f. (Cil	y ar lawn) N/A	(Caunty)	(Stale)
	21 I certify the	72 1	wittended the deceased of 1960 and	from 14 K-	10: 10E N	the causes an		at (I) (we) last stated above.
	220. SIGNATURE	my 11/1	Of Jenny	ATTENDIN	G MED DIRECTOR	STAFF PHYS	Jan.	275 DATE SIGNED 2 /1961
	22c PHYSICIAN S NAME (Type)	Or.George	3.Schlesinge	r Mar	73 MI AV	yland		
234	BURIAL, CREMATIC REMOVAL (Specify) Buria			tery or crematory		Mar Del		(State)
	FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		25a. REC'D BY REGIS	TRAR 255, REGI		
[]	JIHWUHI (& COMPANY	SALTSBURY M	ARTIAND	DAIR			

SALISBURY MARYLAND

moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and semple lefty filled in by page 3 should be detached for use as the buriol-transity permit. Then please remove corbain papers. Pages 1 and 3 the State Board of Health prior to buriol, tremotion, or removal, and in one event within 72 hours, after deathm. ATTENDING PHYSICIAN: The low requires that the death certificate be expected TO HOSPITAL VR A1S (4) 15M 9/59

2 should be filled with

death

HOLLOWAY & COMPANY

ţ

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE filed **b.** COUNTY MARTIANE 1155ex b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) LAUR d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTITUTION YES NO TO JENERAL puo 4. DATE NAME OF First Middle Month Day Year OF DEATH BERT ERDMAN (Type or print) SANUARY 19 6 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED Months Days Hours WIDOWED 🗖 DIVORCED 12 CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. during most of working life, even if retired) USA DIUN FARM FARMER 13 FATHER'S NAME 17. INFORMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost ANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) as the 20c TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour While Nat while p. m. of wark of work p. m. _, 19_6_(, that (I) (we) last 196/ 10 Kin 21. I certify that (1) (this haspital) attended the deceased fram.__ M, fram the causes and an the date stated above. , and that death occurred at 22 saw the deceased alive an 22n/SIGNATURE 22b DATE SIGNED STAFF DIRECTOR M.D. 22c PHYSICIAN'S NAME (Type) 22d. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 230. BURIAL, CREMATION 236 DATE THEREOF REMOVAL (Specify) BURIAL 25g. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** OLDATE JAN 1 9 '61 Chilling S. Flours 15M 9/59

director,

.5

puo

physicion

offending

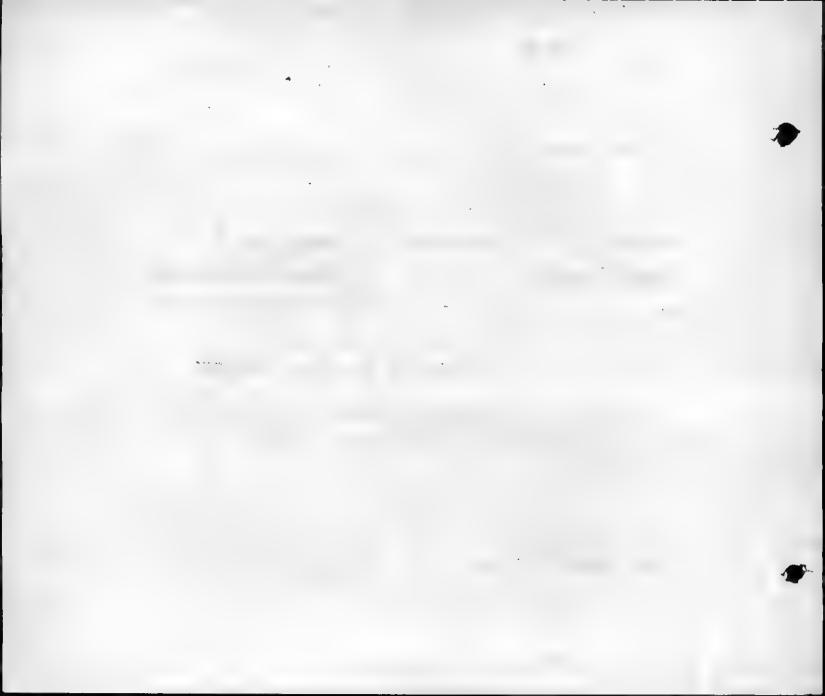
has

certificole

FUNERAL DIRECTOR:

2

ģ



AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before admission) s necessary, tey, zirector. Page i for your files.
Board of Health, a. COUNTY b. COUNTY Wicomico a. STATE Wicomico Maryland MARYLAND b. CITY OR TOWN (if outs de corporata limits, c. LENGTH OF STAY IN 16 &. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town)
Salisbury Salisbury d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARMY 206 Glen Ave. oul mercule within 24 hours after death. If eny claim pencil in Item 18, Give Pages 1, 2, and 3 to the funer Office along with form PM3. Page 5 may be retained burial-transit permit fire pages 1 and 2 with the State. retained Pen Gen Hospital YES NO P death t 3. NAME OF M. ddle DATE Month DECEASED **EVANS** 8th 1961 BEATRICE ELEANOR (Typa or print) DEATH January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 19. AGE (In years I IF UNDER 1 YEAR) (Bathbathdey) Female WIDOWED X Nov. DIVORCED [10a. JSUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even (f_retired) S Somerset Co. Maryland None House Work at Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cordela McAllen William J.Brown dent de 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT L.Pusey Jrdd (Nephew) 3233 Richmond 21, Virginia Mr. Lawrence L. (Yes, no, or unkown) | (Ifyasg vawarordatasofservice) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which [6] gava rise to immadiate cause DUE TO (a), stating the undarlying Examiner SS causa last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremating designated agent designated des YES X NO 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or lown) (County) (Stata) fectory, street, office bldg., atc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inabiry ABD DAL death resulted from-Natural causes Accident (Suicide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER TIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TIMETO EXAMINER'S NAME (Type) 407 Camden Ave .Salysbury, Md January Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 226. BUR.AL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Manokin Presbyterian Church Cem. Princess Anne, Md. 40 6 Burial 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME HOLLOWAY & COMPANY SALISBURY MARYLAND DATE JAN 1 3 '61 5M 7/59 arthur & Krous

LAND STATE DEPARTMENT OF HEALTH



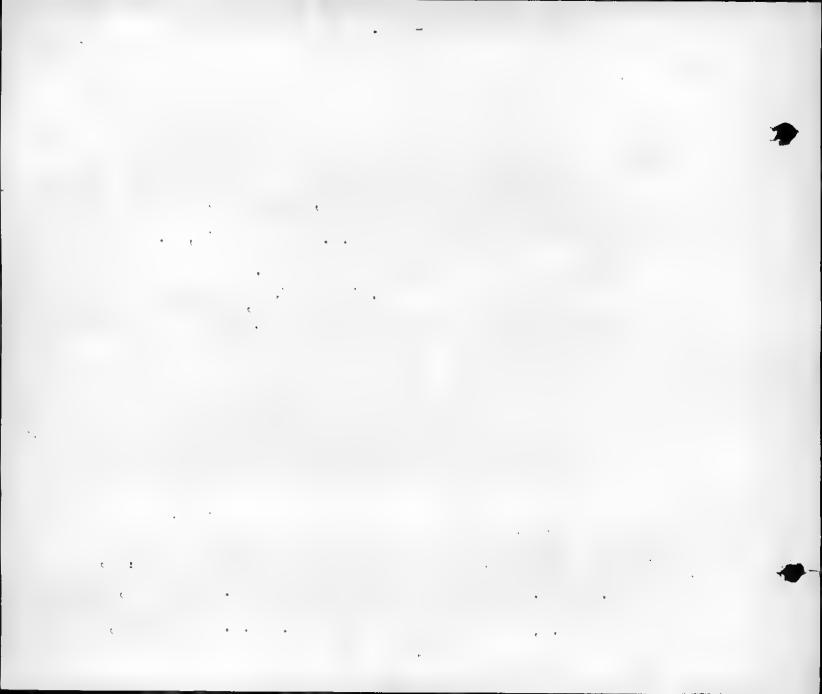
MARYLAND STATE DEPARTMENT OF HEALTH Department of Health CERTIFICATE OF DEATH

(.1272

- 4	100
	1. PLACE OF DEATH o. COUNTY O. STATE MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Res dence before odmission) b. COUNTY Wicomico Wicomico
(b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALLS BURY C. LENGTH OF STAY IN 1b ROTT OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
To od	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION PENINSULA GENERAL HOSPITAL # 430 Priscilla St SESSIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) BERTHA LEE FARIOW 4. DATE OF DEATH GARRAY 3 1961
(I)	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED NOVEL 19890 9. AGE My years IF UNDER 14 HRS lost birthdoy) 70 yrs Months Doys Hours Min.
F	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if refured) letired Employee (Phillips Cleaners) R.D.# Powellville, Md. USA USA
	13. FATHER'S NAME
	John Holland Georgia A.Parker Georgia A.Parker John Holland Georgia A.Parker John Holland John Holland Georgia A.Parker John Holland
	18. CAUSE OF DEATH [Enter only one couse per life for (o), (b), and (cl.] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stoting the under-lying couse lost. [b] DUE TO [b] DUE TO [c]
0	PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING (1) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of Item 18.) OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A
	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. N/A 19 While of work of work of work N/A 19 While of work of work N/A 19 N/A 19 N/A 19 N/A 19 N/A 19 N/A 19 N/A
	21 I certify that (I) (this hospital) attended the deceased from Section 100 to the saw the deceased alive on 100 to and that death accurred at 50 M, from the causes and on the date stated above.
1	226 SGNATURE MD ATTENDING MED STAFF Jan. 3,1961 SIGNED DIRECTOR D PHYS D Jan. 3,1961
l	Prysician's Name (Type) Name (
	230 BURIAL, CREMATION 23b DATE THEREOF 23k NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stole) Burial Jan. 6.1961 Charity Church Cem. R.D.# Salisbury, Maryland
17. 4	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1.	HOLLOWAY & COMPANY SALISBURY MARYLAND DATEJAN 5 '61 C. Thurs & Kraus

ATTENDING MEYNICHM: The low mayings that the death meriticals be executed within 24 haurs a by the hospital or ottending physician

TO HOSPITAL may be related VR A15 (4) 15M II/59



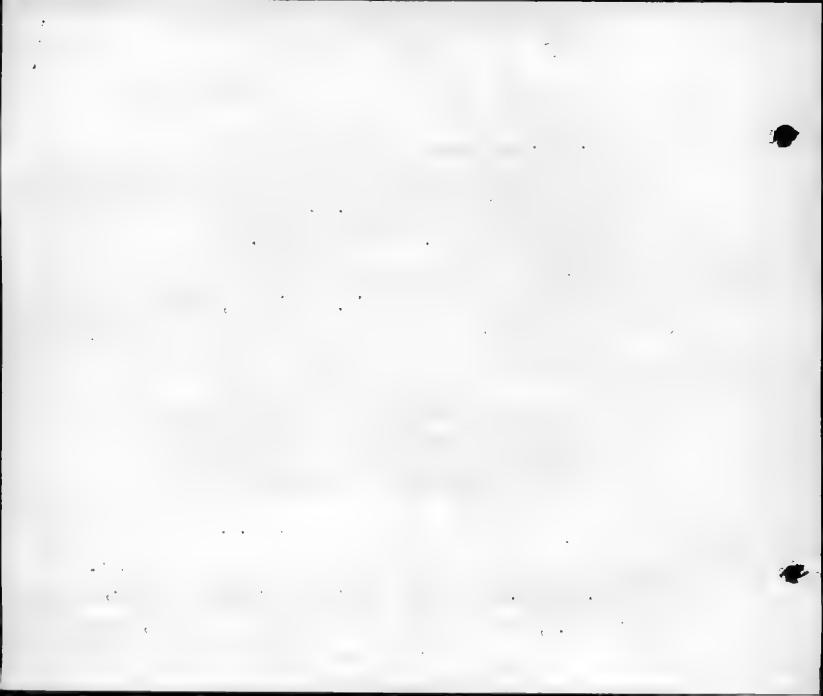
VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

1288 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	1488	T	CERTIFIC	ATE OF DEA	TH			(19	Mary .
1 PLACE OF DEA o. COUNTY	wicomico	1 0 C III	MARYLAND	2. USUAL RESIDENCE O. STATE Ma	ce (Where decessions)	ed fived. If institute b. COUNTY			sion)
b. CITY OR TO	VN (If outside corporate lir ive nearest town) Salisbury	nits, write c. LE	NGTH OF STAY IN 16		'N (If outside corp	orate limits, write f	RURAL ond give	nearest tow	n)
d. NAME OF H OR INSTITUT	OSPITAL (If nat in haspitol,	give street oddres Hospita		d STREET ADDR		beth St	,	ON	NO [X]
3. NAME OF DECEASED (Type or print)	F	E/I/VIII	Middle THOMAS	GARDNE	H 4. DATE OF DEATH	H JANU		Day 30	Year 19 51
s sex Male	6 COLOR OR RACE	WIDOWED [NEVER MARRIED []	Jan. 1,1		9. AGE (In years lost birthdoy) 81 yrs	Months Day	_	Min
Emproyee	PATION (Give kind of world working life, even if retire = SERVICE 1	RUCKING	OF BUSINESS OR IND	Accoma	C CO.VI	country) rginia	U S		COUNTRY?
·	Gardner			Eva Jo					
15. WAS DECEASE [Yes, no, or unknown] Unk	DEVER IN U.S. ARMED FO		L SECURITY NO.	rs Sarah St. Sa	P.Gardn lisbury	er(Wife	7111 E	liza	beth
	DEATH [Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(o), (b), and (c))	enlum	* Dria			NTERVAL B	DEATH Alla
	if ony, which	Ryle	ric 2	Lines	60			yrs	
	to immediate DUE T tring the <u>under-</u> lost.	(c) Chr	Olph	6 ml	cer			'./	
200 ACCIDEN OR CONTRIBU	OTHER SIGNIFICANT CO	NDITIONS CONTR	IBUTING TO DEATH BI	JT NOT RELATED TO THI	TERMINAL DISEA	SE CONDITION GI	VEN IN PART 1(c	PERFO	AUTOPSY ORMED?
	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER	(l	HOW INJURY OCCURI	RED. (Enter nature of inj	ury in Port I or Po	ort II of item 18.)			
Hour o	NJURY Month, Day, Y . m. N/A 19	While I	Vot while	PLACE OF INJURY (Hom factory, street, affice bld N/A	e, farm. 20f (Ci g., etc.)	ty or town) I/A	(Cour	ity)	(Stote)
	that (I) (this haspite ceased alive an	1. 20	/ Ji	death accurred a	1902 19 4:50 Pro	1, 30 The causes ar		that (I) in	
22g. SIGNATU	Hale	riele		M.D ATTENDING PHYS	MED DIRECTOR		Jan_3	22	DATE SIGNED
22c PHYSICIA NAME (T	(pe)	A.Brie	Le	Medica	1 Cente	er Sali	sbur <u>y</u> ,	Mary	land
23a BUR AL CREA	ration 236 DATE THERE	.961 Wi				ATION (City, town, Salisbur	y, Mary		te)
24. FUNERAL DIRE HOLLOWA	ctor's signature 2 & COMPAN		ADDRESS SBURY MA		TE FEB 2		ISTRAR'S SIGNA		



1.1274

r death. Page 4

= =		Φ.	ъ	
ő		~	Ē	
			0	
8		ĕ	_	غر
-			ě	主
- =		4	ğ	<u>ø</u>
主		~	aL.	О
3		무		늅
TO		÷	ė	套
6		E	ē	
- 23		ō	6	2
ě		0	Δ.	<u></u>
9		P	Ë	-
0		ō	å	2
Ω		c	동	-
0		.0	ŏ	這
B		, <u>u</u>	0	.=
υĚ		>	ó	- 5
Έ		듄	ε	Ę
0		m	2	- 2
-		Ĕ	ø	ű
宝		Ö	ő	2
8		en	9	5
0		Ē	0	_
9		D	5	-
7		7	ž	2
Ē		-	-	0
후		<u>a</u>	÷	=
677		70	Ē	8
6		ě	1	2
- 5		Б	ŏ.	ē
9	ċ	, 122	der 1	-
-	.0	E	ŝ	ō
_ ≥	٠	ě	9	2
0	2	Δ.	圭	ō
0	4	Š.	0	7
É	-	三	Έ	Ě
	.Ě	9	مّ	e
z	ō	B	10	O
2	P	ŭ	Έ	7
\overline{c}	E	Ξ	10	٠Ē
2	_	9	~	3
Ŧ	O	wh	3	_
2	ō	逼	_	=
C)	ıξ	Ξ	ō	ō
ž	II.	e	7	7
=	5	AF	ě	-
Z	The second		신	圭
ш	포	oc	0	D
I	30	2	e F	ž
4	Ó	O	-	4
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	Main. by the hospital or affending phys cion.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b	ould be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and	soard of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.
7	ć	ā	TO	20
-	'Ē	_	2	Ö
407	-	-	-0	-

- 1														
	1. PLACE OF DEATH 0. COUNTY W1(comico		ı	MARYLAND		JSUAL RESID	ence (wh Mary]			f institutio COUNTY	2.1	ie before d	
	b. CITY OR TOWN (If o RURAL and give pears	utside corporate limits, est fowni PC e i 2	, write	App:	STAY IN 16 Syrs	1	CITY OR T	OWN (IF or		orote limit Sali		_	ive neares	i town)
ı	d. NAME OF HOSPITAL		re street a		7,5 = 5		d. STREET A		4.25.95	2012		- J		IS RESIDENCE
	OR INSTITUTION	ole Shade			Home		1 1	430 E	E.Chi	arch	St			ON A FARM? ES NO
	3. NAME OF DECEASED (Type or print)	VIRGI	NIA	Ŋ	liddle B.		GORD:		4. DATE OF DEATH	4 J/	Mon ANUA		Doy 14t	Year h 19 6]
1	5 SEX 6	COLOR OR RACE	7. MARRII	ED NEVER A	ARRIED 🗍	B. DA	TE OF BIRTH	1		9. AGE	In years	IF UNDER		UNDER 24 HRS
	Female	P. Pro. o. A	WIDOWE		ORCED 🔲	Jε	m.30	,1872	?	88"	yrs.	Months	Deg 24 F	lours Min.
	10a. USUAL OCCUPATION during most of working MOUSE WO	(Give kind of work de life, even if rejired) PK -RETIT	ne 10b K	Non		STRY	Worce				/lan			HAT COUNTRY
	3. FATHER'S NAME					14	. MOTHER'S	MAIDEN N	IAME					
	Lemuel E	<i>ra</i> ns					Hest	er Hi	ckma	an				
1	15 WAS DECEASED EVER II (Yes, no, or unknown) NO	N U S, ARMED FORCE res, give war or dales of ten		OCIAL SECURIT	Y NO. 17/1	Be	Edna	Brit	ting ylar	rham id	Addi	ess		
	Conditions, if ony, gove rise to imm couse (o), stoling the lying cause lost.	nediate DUE TO	Pe	spari	long		trus	-(J1	neu	mil	k	5	10	and death
	PART II. OTHER	SIGNIFICANT COND	ITIONS <u>Co</u>	ONTRIBUTING T	O DEATH BUT	NOT	RELATED TO	THE TERMI	NAL DISEA	SE CONDI	TION GIV	'EN IN PARI		WAS AUTOPSY PERFORMED? ES NO 🔀
	200. ACCIDENT WAS OR CONTRIBUTING E	UNDERLYING 2 I CAUSE OF DEATH EDICAL EXAMINER)	N,	RIBE HOW INJU	JRY OCCURRE	D. (Er	iter nature of	Finjury in F	Part I or Pa	art II of ite	m IB)			
	20c TIME OF INJURY Hour e.m.	Month, Doy, Year N/A 19	20d. IN While of work	JURY OCCURRE Not while of work	D 20e, PL fo	ACE (Street office	dome, farm bldg., etc.	, 20f (Ci	ty or town)	I/A	(C	ounly)	(Stote
	21 I certify that saw the deceased 22a SIGNATURE A	1//	attende	//		- "	accurred		M, from	/	14 uses an			(I) (we) lastated abave
	22c PHYSICIAN'S	Kuhk	a ai	V		M.D.	ATTENDING PHYS 22d. ADDRE		D. RECTOR	STAFF PHYS		Jan.	16	/1981
	NAME (Type)	H.S.Kuhl	man				Shar	town	ı, Ma	aryla	and			
	23a BURIAL, CREMATION, REMOVAL (Specify) Burial	Jan.16,1		23c. NAME OF			MATORY ETER			LISBU		or county) MARY	LAND	(Stote)
	24 FUNERAL DIRECTOR'S	IGNATURE		ADDRESS				25a. REC'I				STRAR'S SIC		
	HOLLOWAY 8	COMPANY	S	ALISBUI	RY MAI	RYI	AND	DATE JA	N 18'	61	Ch	than S.	TroatA	



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH** 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) p. STATE b. COUNTY Wicomico MARYLAND Wicomico Marvland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if auts de carporate limits, write Rural Delmar d. STREET ADDRESS Gen Hospital R.D.#

RURAL and give nearest tawn) Salisburv d. NAME OF HOSPITAL (If not in haspital, give street address) a. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Manth Year Last Dan DECEASED JACKSON HENRY (Type or print) GUILLY DEATH JANUARY 25th 196] 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths 28,1895 Male White DIVORCED [WIDOWED [YES 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Construction SA Carpenter-House Miss. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unk Sarah JZ INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address B. Gully (Wife) R. D1#3 Mrs.Dorothy Delhar Marvland Unk 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) سيطورن 2 **DUE TO** Canditians, if any, which (6) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? YES NO TO

(County)

(State)

(State)

200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

N/A20c. TIME OF INJURY Manth. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)

MEDICAL factory, street, affice bldg, etc.) a. m. While Nat while at wark 🗀 at work trugues 19 6 (, that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased fram... 1961 saw the deceased alive on 25 , and that death accurred of from the causes and an the date stated above

22a. SIGNATURE 22b DATE SIGNED 961 ATTENDING STAFF PHYS DIRECTOR [22c. PHYSICIAN'S 22d ADDRESS

NAME (Type r.Joseph Fitzgerald Salisbury Maryland

SURIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) 96 nWicomico Mem. Park Salisbury Maryland

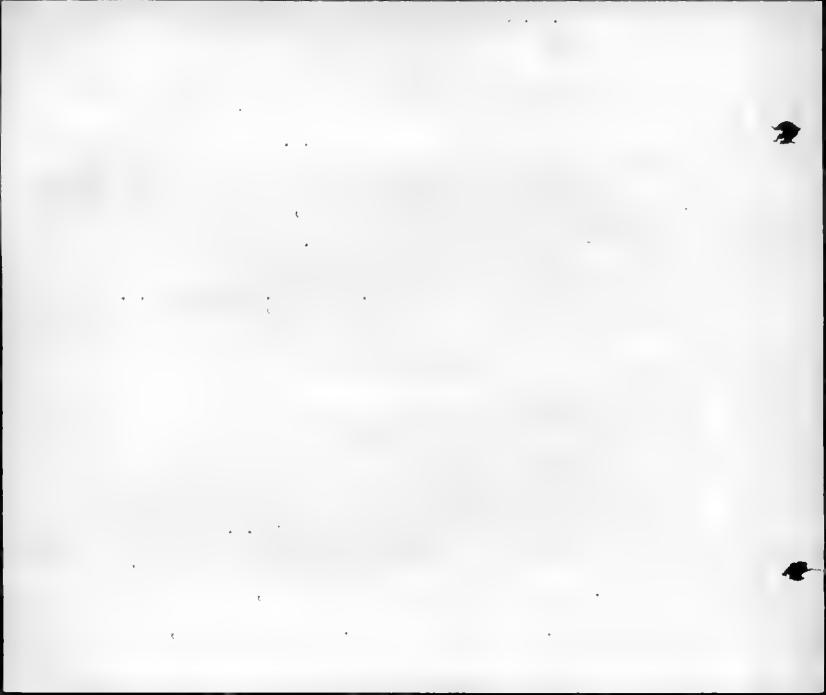
256. RÉGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR JAN 31 '6 COMPANY SALISBURY MARYLAND arthur & Krous DATE

I director, filed with funeral pe P 9 and .5 filled Pages 1 after death. papers. haurs pup pou 50 physician within гетоме attending ease ă þ gned ied. has been sig burial-transit ě Affer detached FUNER II DIRICTOR: A) poge 3 should be determined. poge 3 shathe State E 0

CERTIFICATION

PLACE OF DEATH

o. COUNTY



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

29	DIVISION	CEI	RTIFIC	 	

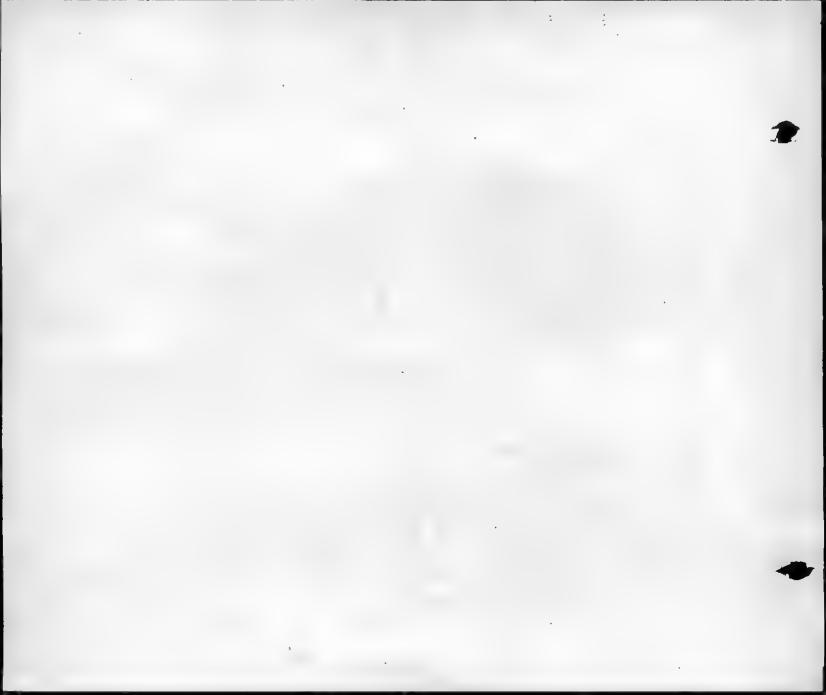
(.1276

		243 F	EKTIFICATE	OF DEATH		4 : -3L (C) (2)
		CE OF DEATH OUNTY WICOMICO		SUAL RESIDENCE (When	b. COUNTY	Residence before admission)
		ITY OR TOWN (If outside corporate limits, write c. LENGTH RAL and give nearest town)	OF STAY IN 16	CITY OR TOWN (IF OUT	side corporate units, write RURA	
Sept Sept of	1//0	AME OF HOSPITAL (IF not in hospital, give street address), R INSTITUTION GONETAL HOS	PITAL	d. STREET, ADDRESS	PINE	IS RESIDENCE ON A FARM? YES NO
	(Тур	e or print) LESTEP	4. Middle	ALL "	OF DEATH JANUA	C1/ //, 196/
	5 SEX	6. COLOR OR RACE 17 MARRIED NEV	DIVORCED //-	TE OF BIRTH - 189		UMDER 1 YEAR IF UNDER 24 HRS onlins Doys Hours Min
	7	JAL OCCUPATION (Give kind of work done) 10b. KIND OF BUILDING most of working life, even (f retired)	col-	MARY L	HND	12. CITIZEN OF WHAT COUNTRY
).	LE	INUEL HALL		MOTHER'S MÁIDEN NA	BAILE	- 5
	15. WA	S DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	IVE HE	AANT + /E	H 422-D	22 M 24 19
	18.	CAUSE OF DEATH [Enter only one couse per line for (g), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)), and (c)) (s) (v).	monale	Chrone	INTERVAL BETWEEN ONSET AND DEATH
	9	onditions, if any, which over rise to immediate use (a), stating the under-lang couse ast.	u Brone	hetie & B	Fronskiel lis	Thru
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT	RELATED TO THE TERMIN	ALDISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
.pQ		ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW CONTRIBUTING 2 CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED. (Ent	ter noture of injury in Pa	rt 1 or Part II of item 18.)	
	WEDICAL 20x	TIME OF INJURY Month, Day, Year 20d, INJURY OCCI Hour a. m. 19 White Not w p. m. 19 at work at work at work at work	h le foctory, s	PF INJURY (Home, form, street, office bidg., etc.)	20f. (City or town)	(County) (State
		I certify that (I) (this haspital) attended the down the deceased alive an Haylli 196	77	accurred of 27.	11 1	. 196/_, that (I) (we) last on the date stated abave
	1	and Lileme			CTOR STAFF	22b. DATE SIGNED
		PHYSICIAN'S NAME (Type)		22d. ADDRESS		
	PE	RIAL CREMATION, 236 DATE THEREOF ADDR ADDR ADDR ADDR ADDR ADDR ADDR	TO CLA	V'E	BY REGISTRAR 256 REGISTR	ounty) (State) 10 - 0 4 4 AR'S SIGNATURE
		D. Murel Cu-L	Dilimon,	LOW POATE IN	16'61	2. Kana

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrager death. Page 4 may be retained by the haspital at attending physician.

TE FULLERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or removal, and in ally event, withth 72 haurs after death.

VR A15 (4) 1SM II/59



ģ permit, peen TO FUNERAL DIRECTOR: A page 3 should be detoche page 3 sh the State I VR A15 (4) ISM 9/59

WITH director,

Fied

v

gud Ξ.

death.

hours

2

Filled

campletely

and

attending

papers.

0 within

remove

please

NAME OF

Nο

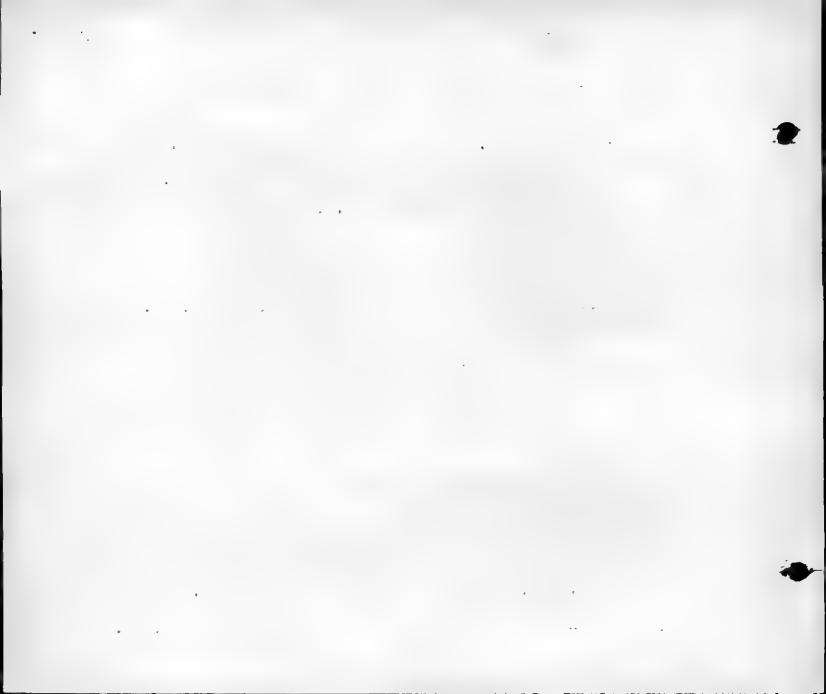
S. SEX

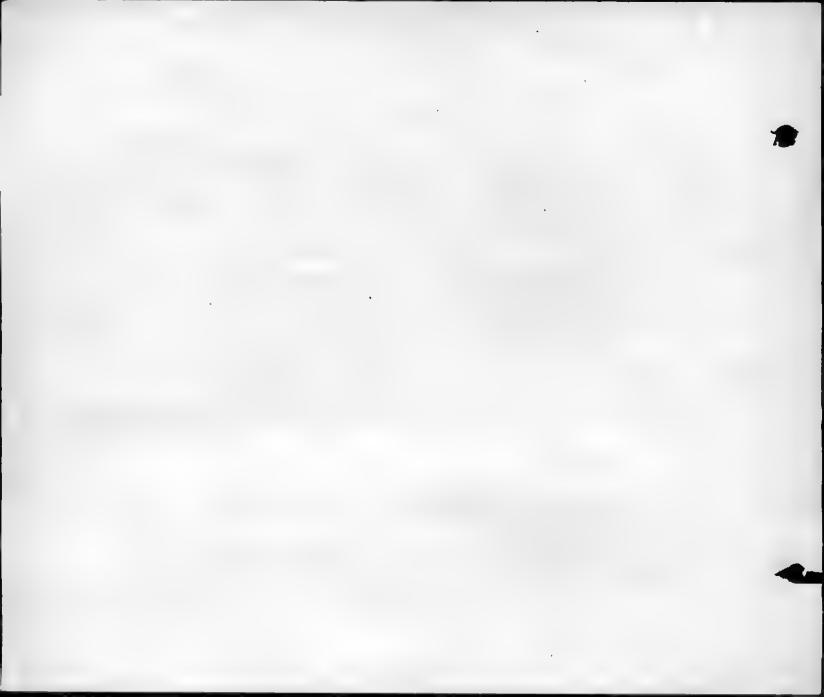
CATION

CERTIF

MEDICAL

eral pe





٨.	ARY	LAND	STATE	DEP	ARTMEN	IT	OF	HE/	٨L	Th	4
						_					

1294

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.127

7	o. COUNTY	CONTRA	MARY		USUAL RESIDENCE (Wh	nere deceased	lived. If institution b COUNTY	n: Residence	before adm	ission)
-	17	COMICO			191+K	YLITA	<u>'</u>	JUK (.	462	14
	RURAL and give no	f outside corporate limits, wr carest town)	c. LENGTH OF STAY	IN IP	c. CITY OR TOWN (IF o			JRAL and give	a nearest lo	, - , -
_		SBURY	8 MONTHS		CAMI	1711.	UGE	\ #0	- X	-5
	OR INSTITUTION	AL (If not in hospital, give st DEER'S HE!	DSTATE HO	512	6 MEA	DOW	AVE.		ON	A FARM?
-	NAME OF	First	Middle			4. DATE				Year
3	DECEASED (Type or print)	ETTA	MARY	i H	ENRY	OF DEATH	JAN	m	6 Oay	19 G /
5.	SEX /-		MARRIED NEVER MARRIE	D XX B. D.	ATE OF BIRTH	5	AGE (In years lost birthday)	Months De		
	<i>[</i> -	WHITE WID	OWED DIVORCED	0 12	/20/1861		96 yrs.	Monins De	sys Hour	s Min.
100	USUAL OCCUPATION	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OF	R INDUSTRY	11 BIRTHPLACE (Stole	or foreign cou	untry)	12. CITIZE	N OF WHAT	TCOUNTRY
	HOUSEWIFE	ang me, even it remed)	HOUSEWIFE	3	MARYLA	ND			U.S.A	•
13.	FATHER'S NAME			114	. MOTHER'S MAIDEN N	AME				
	EDWARD HEN	IRY			UNKNOW	AT.				
15.	WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17, INFOR			Addi	ress		
fre	NO	(If yes, give wor or dates of service)	NO	MR .	OHN CLARK I	תים כ	Z _ CAMI	שטת דמכ	MA TYV	CT A BITS
F	18. CAUSE OF DEA	TH Enter only one couse p			Diff Divition				INTERVAL	
П	PART I DEA	TH WAS CAUSED BY	CARDI	AC	FAILUL	2/=			ONSET AN	D DEATH
Н	4422	IMMEDIATE CAUSE (o)		., _	, ,,	- Name			- 1	<u> </u>
П	Conditions, if a		ARTERIOS	SELFA	ROTI'C CAR	DibVI	4 SCULA	R Dis.	yew.	25
	gove rise to i	mmediate (72	
	couse (a), stating lying couse lost,	the under-	ARTERIO	OSCL.	ERUSIS	GEN	ERAL		-	
Z	-	HER SIGNIFICANT CONDITIC	INS CONTRIBUTING TO DEA	ATH BUT NO	RELATED TO THE TERMS	INAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WA	S AUTOPSY
ICATION									YES [FORMED?
CERTIF	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CCURRED. (E	nter noture of injury in I	Port I or Port	Il of item 18.)			
MEDICAL	20c. TIME OF INJUR			20e. PLACE foctory	OF INJURY (Home, form street, office bldg., etc	20f. (City	or town)	(Cou	inty)	(Slote
ME	p. m.		hile Not while work of ot work							
	21. I certify the	et (I) (this hospital) at	lended the deceased	from 4	. // 19	60, to	1.6	1961	, that (I)	(we) los
	sow the deceos	sed alive on 1.6	196/ ond	that deat	h occurred of	M. from t	he couses on			
	220 SIGNATURE	24 1				,				22b DATE
		V. Jueru	our	M D.	ATTENDING MI	ED. IRECTOR 🔲	STAFF PHYS.			SIGNE
	22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS					
	<u> </u>									
234	BURIAL CREMATIC REMOVAL (Specify)	N 236 DATE THEREOF	23c NAME OF CEME	TERY OR CE	EMATORY	23d LOCATI	ON (City Iown,	or county)	(\$1	tote)
	BURIAL	12/8/1961	- DORCHEST	MEN HE	ORTAT. PARK	CA	MBRIDGE,	MARYI	AND	
24	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	PARTY AND A	See MEC.	D BY REGISTR		STRAR'S SIGN		
	LE COMPTE	FUNERAL SERVI	CE. CAMBRIBGI	E MAR	VT.AND DATE JA	N 1 0 '6	an	Thur S. F.	traugh	



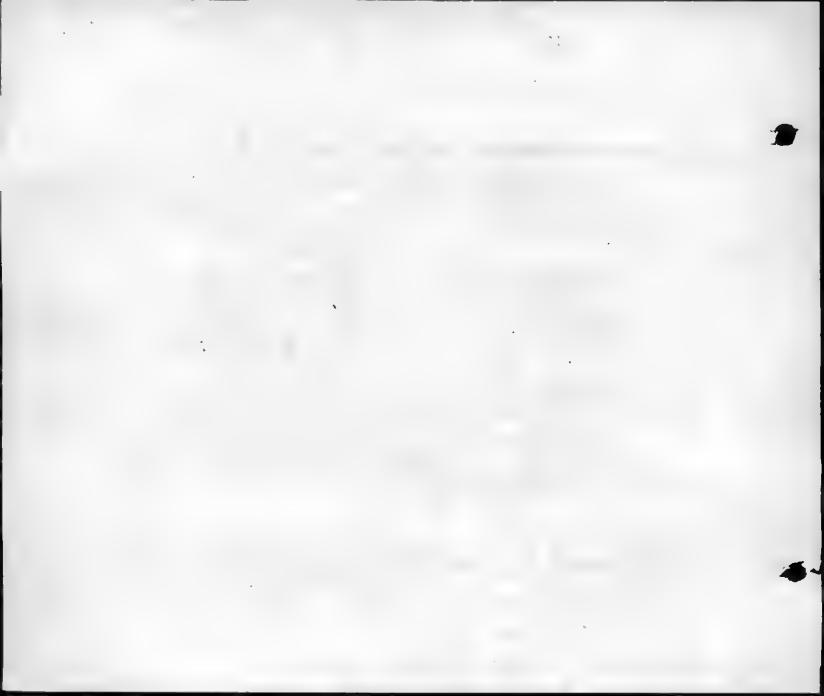
1295

deoth Poge 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour VR A1S (4) 15M 9/59

TO HOSPITAL

1		
1	I, PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a. STATE b. GOUNTY
7	W/Com/Co	Virginia Accomack
	b_CITY OR TOWN (If outside carporate limits, write c, LENGTH OF STAY IN 1b	c. CITY OF OWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town	
	OHLISDURY	Chineoleaque
3	d. NAME OF HOSPITAL (If no) in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS ON A FARM?
-	PENINSULA GENERAL HOSPITAL	Pine Ridge Road YES NOD
	3. NAME OF First . Middle	Last A. DATE Month Day Year
	(Type or print) HIIIMan Daniel H	FORKINS J. DEATH January 12, 1961
	S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	BYDATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	MALE ILLITE WIDOWED DIVORCED	Se PT 13, 1923 last birthday) Months Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU	
	BUS Driver Trailway Bus	Virginia Visit.
1	13. FATHER'S NAME	14. MOTHERS MAIDEN NAME
-)	- 11 26 6 6	
1	Hillman D. Hopkins St.	Janie Jones
		NFORMANT Address
		arbara A. Hopkins - Chinatenque, V
	1B. CAUSE OF DEATH [Enter anily one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COYON ACID OCCU	som with Muscardial Interction
	ADUE TO	
		12 H + 7/2
	Conditions, if ony, which gove rise to immediate	ie Heart Discore 6 mos.
	couse (a), stoling the under:	
	lying cause lost.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
		PERFORMED?
	5	YES NO S
	200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Port It of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State
		ctory, street, office bldg., etc.)
	Hour a.m. p m. 19 While No! while of work at work	
	21. I certify that (I) (this haspital) attended the deceased fram	Dec 27 , 1960 to Jan 12, 1961, that (1) (we) las
		death accurred at LAM, from the causes and an the date stated above
	220 S GNATURE	ATTENDING ATTO STAFF 22b DATE
	Trous C. Hell. Tr.	M.D PHYS DIRECTOR DIRECTOR PHYS D
1	22c PHYSICIAN'S	22d_ADDRESS
Ε	NAME (Type)	Pin Re. D. Ford Soleham Md
er.		Last Smed Long
	23d. BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY 231 COCATION (City, town, or county) (Stote)
	BUFIA (Specify) Jan. 15, 1961 Ked Men	Cometery Chinicoteague, Val.
	24 FUNERAL DIRECTOR'S SIGNATURE (2) ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	Wishing R Kell Pl. T.	
	William D. Kelyer Chinestery	cae, CR. DATE JAN 19'61 Joinn S. Krous



e	1296 CERTIFICATE OF DEATH
	1 PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY WICOMING
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
082	d NAME OF HOSPITAL (If not in hospital, give street address) PR INSTITUTION PR 1/7 5 4 3 7 R 7 . TG 5 pi + 3/1
death.	3 NAME OF DECEASED (Type or print) [2 U 2 F Married Never Married 8 Date of Birth 9 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.
offer d	WIDOWED DIVORCED 4-2-883 Jost birthdoy) Months Doys Hours Min
Yours	100 USLAL OCCUPATION (G.v.e kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) HOUSEWIFE OWN TIME 12. CITIZEN OF WHAT COUNTRY?
	Beechman Harrington Delia Dunn
event, v	15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Ver, no., or unknown) III yes, give wor or doles of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address BLUGIVE MAL.
ony e	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
of, and ir	Conditions, if any, which I
ar removo	gove rise to immediate couse (a), stating the under-lying cause lost.
cremation, ar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDIT ON G VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? The part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDIT ON G VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES DIPLOMED.
e e e	200. ACCIDENT WAS JNDERLYING [] 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or April I of item 18.) OR CONTRIBUTING DICAUSE OF DEATH OR (IF EITHER, NOTIFY MEDICAL EXAMINER) FOLIAL HOUSE OF DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or April I of item 18.)
to buri	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Slote) Hour o. m / While Not while foctory, street, office bldg., stc.)
Prior	27 1 certify that (1) (this haspital) attended the deceased fram. 12-Dec., 1960 to 17 Dec., 1961, that (1) (we) last
detoch Health	saw the deceased alive an 17 Dic. 19 () and that death accurred and PM, from the causes and an the date stated above
8 0 1	ATTENDING MED STAFF SIGNED PHYS DIRECTOR PHYS 22d ADDRESS
3 should to	Kichard & Saunders MD. NANTICOKE Md
page 3 sh the State	230 BURIA, CREMATION, 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State)
4)	24. FUNDRAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE IN D. 2 761 Colling & House
3	DATE IRAN 2 3 761 Circhur of thousa

ATTENDING EHYSICIAN: The low requires that the death certificate be exempted by the hospital or attending physician. TO HOSPITAL
moy be retain?



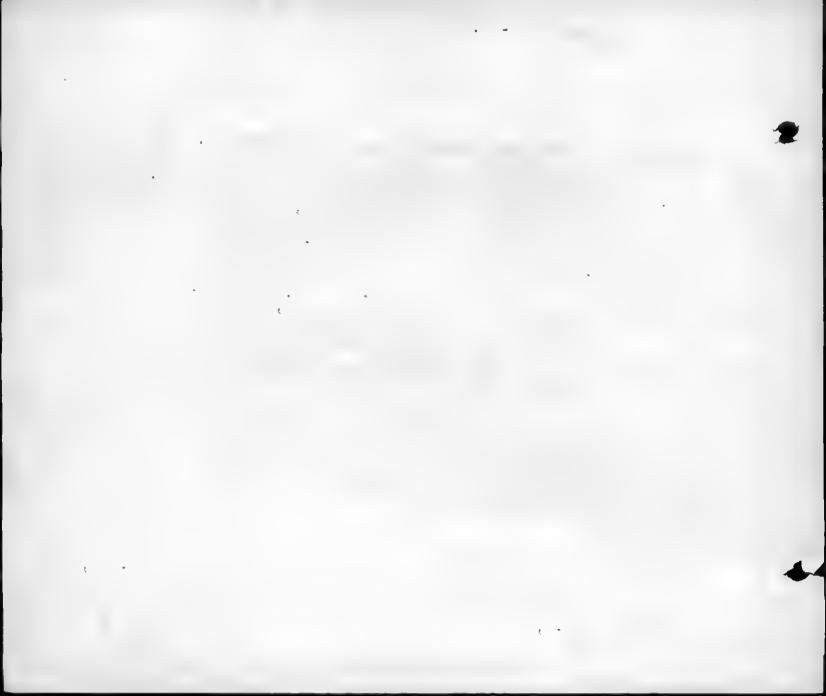
TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

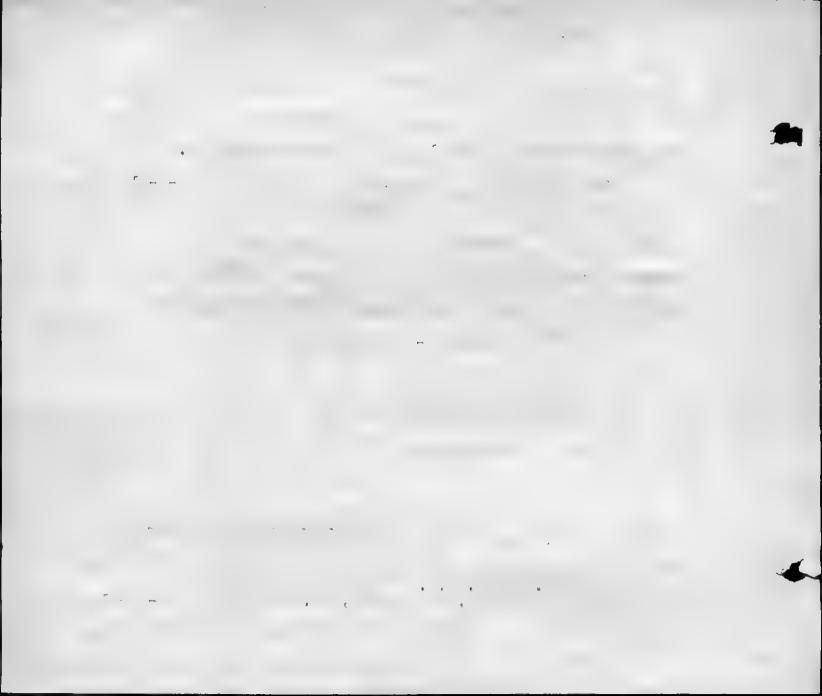
(126:

		297	ion or .		FICA	TE OF D		MORE I, MI	ARTEARD	1	19	6:
1	PLACE OF DEATH	100		MAI	TYLAND	a STATE	Mary		b. COUNTY		before or	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Hebron						
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Viguranila Ferral Hapetal						d. STREET ADDRESS Chestnut St.					RESIDENCE ON A FARMS
	NAME OF DECEASED (Type or print)	CARL		PERC		HOWAR	,	4. DATE OF DEATH	JAN		Day 30	Year 196/
S	Male (6. COLOR OR RACE White	71 MARR	DIVORO		B. DATE OF BIRTH	1	i	AGE (in years last birthdoy) 67 yrs.			INDER 24 HRS
10c	House Pai	Give kind of work g life, even if retired nter	done 10b.	KIND OF BUSINESS Paint		TRY 11 BIRTHPL	ACE (State	or foreign cou	ryland		U S	A A
G	ranville						sa Ja	eksor				
(Ye	was deceased ever in the control of	IN U. S. ARMED FOR yes give wor or doles of :		SOCIAL SECURITY N	O. Wrig	FORMANI Heb	F.Ho	oward(Maryl	Wife)do	hestn	ut i	St
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) The the content of the content o								INTERVAL BETWEEN ONSET AND DEATH			
Conditions if ony, which gove rise to immediate cause (a), stoting the underlying couse lost. (b) Chool y Lectro (Hris hyring) DUE TO												
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO											
MEDICAL	20c TIME OF INJURY Hour a. m p. m	Month, Doy, Ye	or 20d II While at worl	Not while at work	20e PL/ foo	ACE OF INJURY (tory, street, office N/A	Home, farm bldg., etc.	, 20f. (City o	r town) N/A	(Cor	onty)	(State
	21 I certify that (I) (this haspital) attended the deceased fram. — 3 196/, to 118/, that (I) (we) last saw the deceased alive an 130 196/, and that death accurred attack. From the causes and an the date stated about 220 SIGNATURE ATTENDING MED STAFF Jan. 30.1961											
	22c PHYS CIAN'S NAME (Type)	Villium	4.7	Fisher		M D PHYS 22d. ADDR		RECTOR [Clin	Ker	/	1701
230	BUR AL, CREMATION REMOVAL (Specify)	Fab. 3,]	-	23c NAME OF CE				23d LOCAT C	on (City, town,	or county) rylan		(State)
I	FUNERAL DIRECTOR'S	SIGNATURE COMPANY	SA	ADDRESS	MAR	YLAND	25g. REC'I	BY REGISTRA		STRARS SIGN		



AARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before edmission) s nece. Parities of Health, . COUNTY a. STATE b. COUNTY MARYLAND Maryland Wicomice
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Wicomico 1 4 1 b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give neerast town! Salisbury

d NAME OF HOSPITAL OR INSTRUTION (if not in hospital, give street eddress) Salisbury d. STREET ADDRESS . IS RESIDENCE ON A FARM? retained the State B Peninsula General Hospital Delaware YES NO DATE eath. If an i 3 to the f DECEASED OF the (Type or print) DEATH John Hudson 1-6-6] with 5 SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. and 2 w may 2 lest birthdey) and Months | Days Hours WIDOWED [DIVORCED 10. USEAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page 18. Give Pages 1, 7 form PM3. Page done during post of working life, even if retired) pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MEDICAL EXAMINER: This certifical sliceld be emecuted within 24 U.S ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. in pencil in Item 18. permit. Office along with factorial transit permit movel, and in any e CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Bronchospneumonia Hours IMMEDIATE CAUSE (e) s a burial-t **DUE TO** Conditions, if any, which (b) "pending" gava rise to immediate cause DUE TO (a), staling the underlying Examiner SE cause last [c] cremation, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1(0); 19, WAS AUTOPSY CERTIFICATION PERFORMED? 20 the word Medical should be NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Iem 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. sase execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 s MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (Stata) factory, streat, office bldg., etc.) Not While af work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy 😿 Inspection Inquiry and in my opinion death resulted from: Natural causes 🗶 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Y DEPUTY EXAMINER'S NAME (Typa) America (Streat, city, fown, or county) 1-16-61 please 228. BURIAL CREMATION 22d. LOCATION (Qhy, town, or country) (Steta) REMOVAL (Specify) 0 40 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59



VS A15 (4) 15M 9/5B

1284

		1433				0	•		Reg. Di	ist. No.			
1	PLACE OF DEATH				2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)								
	o. COUNTY MARYLAND					a STATE b. COUNTY							
	b. CITY OR TOWN (If outside corporate limits, write			c. LENGTH OF STAY I	N 1b	Maryland Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
П	RURAL and give nearest town)			E. EDIONI OF SIAT IN 10									
\vdash	Delmar	Delmar NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION				Delmar							
	OR INSTITUTION	AL (It not in hospitol, g	give street	oddressj	d. STREET ADDRESS					e. IS RE	SIDENCE A FARM?		
	208 E	llizabeth				208 Eli	zabet	h			YES [NOB	
3.	NAME OF DECEASED	Fi	's†	Middle		Lost	4. DATE	Mor	1th	Da	у	Yeor	
	(Type or print)	LOVEY		T.EE		нивии	OF DEATH	Jan.	24			19 61	
5.	SEX	6. COLOR OR RACE	7- MARI	RIED NEVER MARRIE		B. DATE OF BIRTH	-	9. AGE (In years	IF UNDER	TYEAR		ER 24 HR	
	Female	White	WIDOW	_		1 00 7/0/1/	1863	lost birthday)	Months	Days	Hours	Min	
			£			4-20-1001		71	lia cir	17511-05	E VARIAT.	COUNTRY	
1'	during most of work	ing life, even if retired	done luo.	KIND OF BUSINESS OF	(INDU:	STRY 11. BIRTHPLACE (Slote	or roreign co	ounity)	12 (11	IZENOI	WHALL	LOUNIK	
L	At H	ome		Home		Marylar	and the last of th			US	A		
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME						
	Thoms	s Smoot				Ann Had	·kett						
15	. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	11	NFORMANT	JAC UU	Add	ress				
l l'		If yes, give war or dates of s	ervice)	Mana	١,	and a multi-	5	. 2	5.6.7				
	No None Addie Snowden, Delmar, Md.										ETILIEEN I		
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH												
	PART I, DEATH WAS CAUSED BY Cerebral vascalar decision onser and Death												
	33/ X DUE TO												
	Conditions, if any, which) (b) Witeriosolorous cerebral and generalized 15,04-												
	gave rise to immediate										7		
	lying couse lost.												
Ιz	PART II OTH		.	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEASI	E CONDITION GIV	/EN IN PAI	RT 1(o) 1	9 WAS	ALTOPS'	
CATION					_					1	PERFO YES	ORMED?	
불	20- ACCIDENT MA	E LINDERIVING T	20L DEC	CRIPE HOW INITION OF	C1100F	D. (Enter nature of injury in	Part I as Part	t II of Steen ID 1			153] NOEF	
CERTIF	OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	200 003	CRIBE HOW INJURY OF	ACD KKEI	D. (Enter nature of injury in	DIT 1 O1 FOI	e of Or Held Inch					
							,						
MEDICAL	20c TIME OF INJURY	f Month, Doy, Ye	or 20d. I While		20e. PL/ for	ACE OF INJURY (Hame, form ctory, street, office bldg., etc.	, 20f. (City	or town)	(County)		(State	
NE NE	p m.	19	at wai			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	21 Leastifu the	at I attended the	docoo	and from		1950 10	lau ?	F. 1961	about I Is				
	//			61		11/10	7	TA, 1723.					
	alive an	7),	19.5	and that	death			the causes an		e date		d abov ITE SIGNE	
	ACTUAL	-11/	()	Pi Dan		Xon.	MUUKESS (SI	reet, city or town,	store)	12	> > /	LE SIGNE	
	SIGNATURE	// =	30	Chet I		M.D. JC-CLL	21	UKG	<i>y</i> ,	16	-2.6	2-01	
	PHYSICIAN'S							`					
	NAME (Type)	_Dr. L.V	. Soh	ler		gar 1 to the general to the 1.00	Delm	ar. Mar	vlan	d			
22	o. BURIAL, CREMATION	N, 22b. DATE THEREC)F	22c. NAME OF CEME	TERY O	R CREMATORY		ION (City, town,			(Sto	ote)	
	REMOVAL (Specify)	1-28-6	3				Del	mar, De	1		,-		
23	FUNERATIOR'S	1	1	Mount Ol	1VC	7 245 PEC"	D BY REGIST		STRAR'S SI	GNATH	RE		
10	NX Y	- 00	41 3	1000-	,	1000			Johns 2				
K	10.11	mil	21-	ucemo	4	DATE J	IN 30	01 0	SAMMA Z	A1 7 V V V			
	/				*								



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1300 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if anstitution: Residence before edmission) e. COUNTY **b.** COUNTY Wicomico Dorchester by the MARYLAND b. CITY OR TOWN (if outside corporete limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (I outs de corporate limits, write RURAL and give neerest lown write RURA, and give nearest town) 580 days Salisbury Cambridge 57 Pages d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? Deer's Head State Hospital 101 Fairmount Avenue YES NO completely NAME OF M ddle Year DECEASED Bettie Lula Johnson DEATH January 61 {Type or print] 19 and c. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Femal e Colored WIDOWED IX DIVORCED [1896 BIRTHPLACE (County & State, or lore gn country) physician 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even If retired) USA Domestic Domestic Talladega, Ala. attending ph Then please r val, and in a 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Parson Anthony Annie Parson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address removal, [Yes, no, or unkown] [(Ifyesgivewerordetesofservice) Rev. John English, Cambridge, Md. the 18. CAUSE OF DEATH [Enter only one cause per one for (a), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease Yrs signed IMMEDIATE CAUSE (a) **DUF TO** Arteriosclerosis, general Conditions, if any, which gave rise to immediate cause (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY certificate PERFORMED? Diabetes mellitus with gangrene of right foot NO IX 206. ACCIDENT WAS UNDERLYING 2 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Port II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) After i 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or lown) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour e.m. at work et wark may be re...
DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from July 1, 1959, to Jane 31 ..., 1961, that (I) (we) last saw the deceased alive on Jan. 31 22n. SIGNATURE ATTENDING SIGNED PHYS X DIRECTOR PHYS. o HOSPIT. page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Head State Hospital: Salisbury, Md. rector, 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY 236, BUR.AL, CREMAT ON, 236, DATE THEREOF Burial ÷ 2 Cambridge, Md. 0 Waugh Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

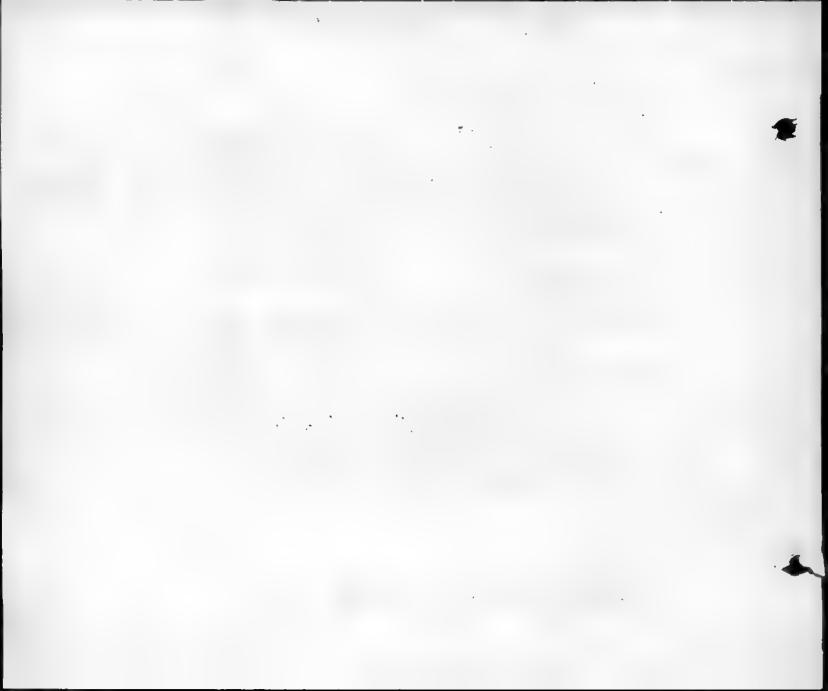
Cambridge, Md.

death

OR

15M 9/60





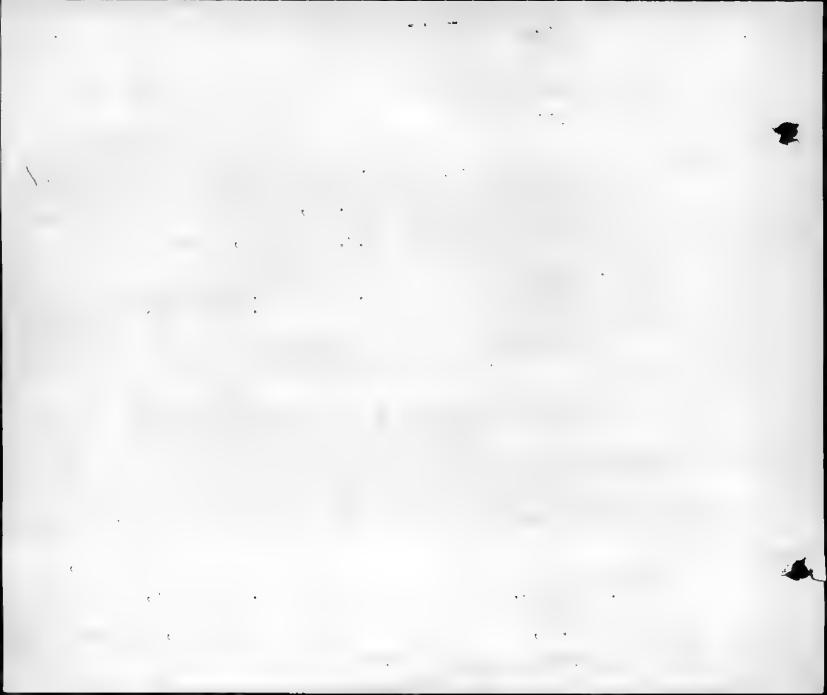
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

(1285

No.		PLACE OF DEATH COUNTY VICOMICO	MARYTAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Wicomico
	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
		d. NAME OF HOSPITAL (If not in hospital, give struck in STITUTION, CENERA)	L HOSPITAL	**STREET ADDRESS ON A FARM? Monticello & Federal Stryes No M
34E.	- 1	NAME OF DECEASED (Type or print) First WILLIAM	FRANKLIN	TOHNSON DEATH JANUARY 9 1961
	5 5	MALE White WIDO	OWED DIVORCED	8. DATE OF BIRTH NOV. 23, 1908 9 AGE (In years lost birthdoy) 52 yrs 15 UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
	10a	USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if refired) WMOR & Operator-Joh FATHER'S NAME	Sales & Servi mson Radio &	
	-	Illiam C.Johnson		14. MOTHER'S MAIDEN NAME Sadle Moore
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (It yes, give wor or dates of service)	16. SOCIAL SECURITY NO. WIT	Normani S. Margaret A. Johnson (Wife) Monticello Federal Sts. Salisbury, Maryland
	NO	PART II OTHER SIGNIFICANT CONDITION	myseardeal Gerenary Du	Interval estricts Interval estricts ONSET AND DEATH ONSET AND DEATH
	CERTIFICATION	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I ar Port II of Item 18.)
	MEDICAL	Hour a.m. NT /A 10 Wh	d. INJURY OCCURRED 20e. PU nile Not white fac work at work	ACE OF INJURY (Home, farm, 20f (City ar town) (Caunty) (State) Ctary, street, affice bldg., etc.)
		21 I certify that (I) (this haspital) atte saw the deceased alive an Alle	-5 / / A	Affile 1954, to flive 1964, that (1) (we) last death accurred at 6 M, fram the causes and on the date stated abave.
		220 Signature Hilleamh Gra	,	M.D. PHYS. DIRECTOR PHYS January 9,1961
		Physician's NAME (Type) Ur. William D.G	ray	Camden Ave. Salisbury, Maryland
	23a	BURIA., CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Jan. 13.196	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (Stole) EMETERY Salisbury Maryland
	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	H	OLLOWAY & COMPANY	SALTSRURY MAR	YTAND DATE JAN 13 '61 a shun & thous

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certif cate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cabon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, or remaval, and in ony even within 7 hours after death. er death. Page 4 ATTENDING PHYNCIAM: The law == uires that the death certificate be executed within 24 hours. TO HOSPITAL VR A15 (4) 15M 9/59



15M II/59

IS RESIDENCE ON A FARM?

Year

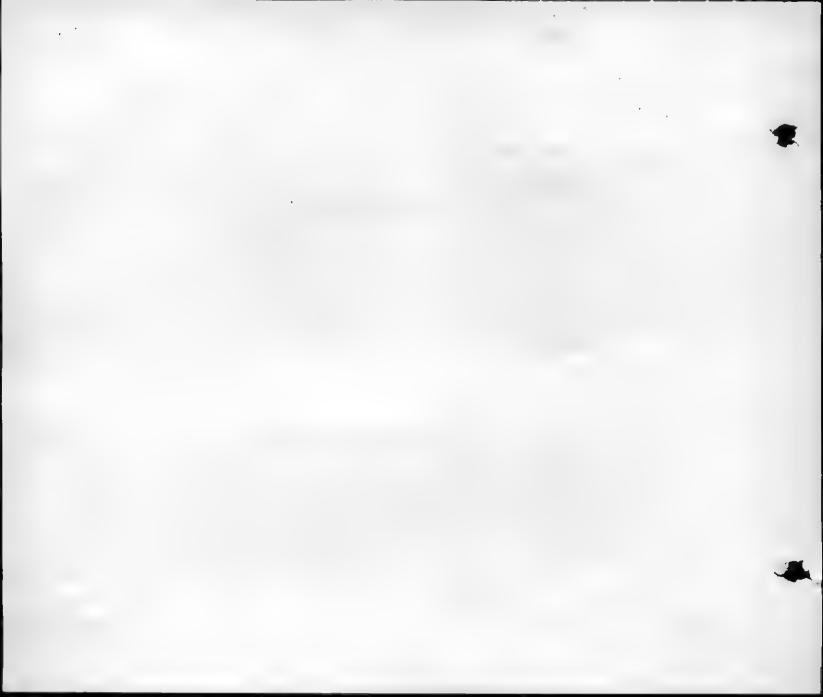
196

PERFORMED?

(Stote)

22b, DATE SIGNED

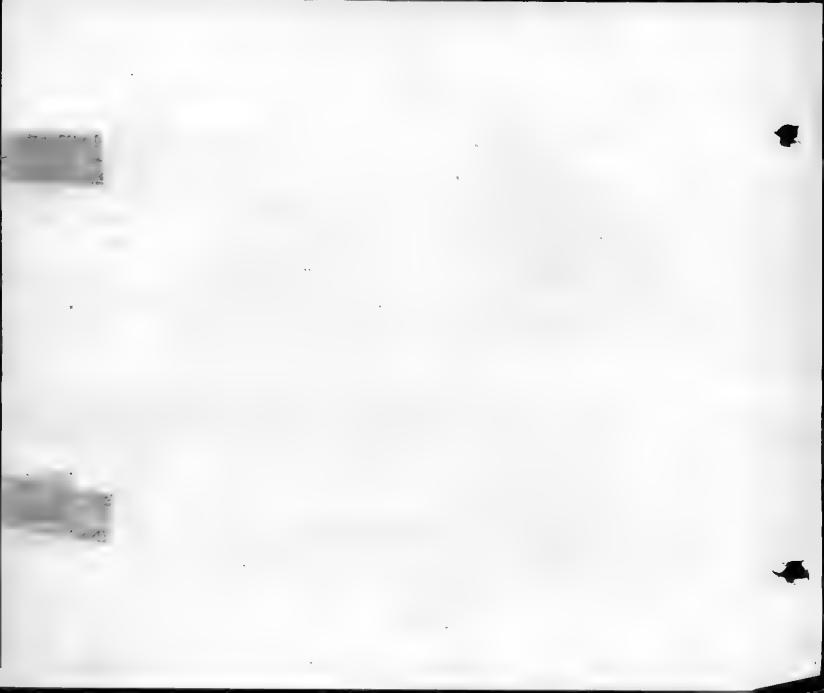
(State



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REALTH DEPT. 1. PLACE OF DEATH Wicomico a COUNTY or. Page of files. Health, MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RUPAL and give nearest town)
Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) # d STREET ADDRESS IS RESIDENCE the funeral retained fo he State Bo Newton Street. 220 P.G. Hospt. YES NO 3. NAME OF M ddla DATE should be executed within 24 hours after death. If an 1g" in pencil in Item 18, Give Pages 1, 2, and 3 to the 1's Office along with form PM3. Page 5 may be refail a burial-transit permit. File pages 1 and 2 with the 5 to burial-transit permit. File pages 1 and 2 with the 5 to burial-transit permit. DECEASED OF Jan. the Jones Dennis Mark (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Jan 21 19. AGE (In years 11F UNDER 1 YEAR, 1F UNDER 24 HRS 1961. Male last birthday) Hours WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) P.G. Hospt. Salisbury, 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vivian Mumford Jones Unknown 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. Mrs. Vivian Mumford Jones (Mother) (Yas, no, or unkown) | (If yas giva war or dates of service) -220, Newton, -Street, Salisbury, Md. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) **DUE TO** removal, This certificate should a word "pending" in pe Conditions, if env. which (b) geve rise to immediate cause ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a ris designated agent, prior to burial, cremation, or ren DUE TO (a), stating the underlying cause lest. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (18), 19, WAS AUTOPS PERFORMED NO CERTIFICA 20a EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part 1 or Part 1 of stam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Yaer 20c. TIME OF INJURY (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et work el work Inspection 14 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Suicide Accident Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 1-30-6 DATE SIGNED SIGNATURE DEPLITY MEDICAL EXAMINER DEPUTY Salisbury, Md. EXAMINER'S Royer Earl L. NAME (Type) Address (Street, city, Iown, or county) 22d. location (City, town or country) and. Salisbury. Maryland. 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) Parsons Cemetery. 31.61 Jan. g 40 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Holloway Salisbury. Maryland & Co. DATE JAN 3 1 '61 5M 7/59 arthur & Krous 012354XV5



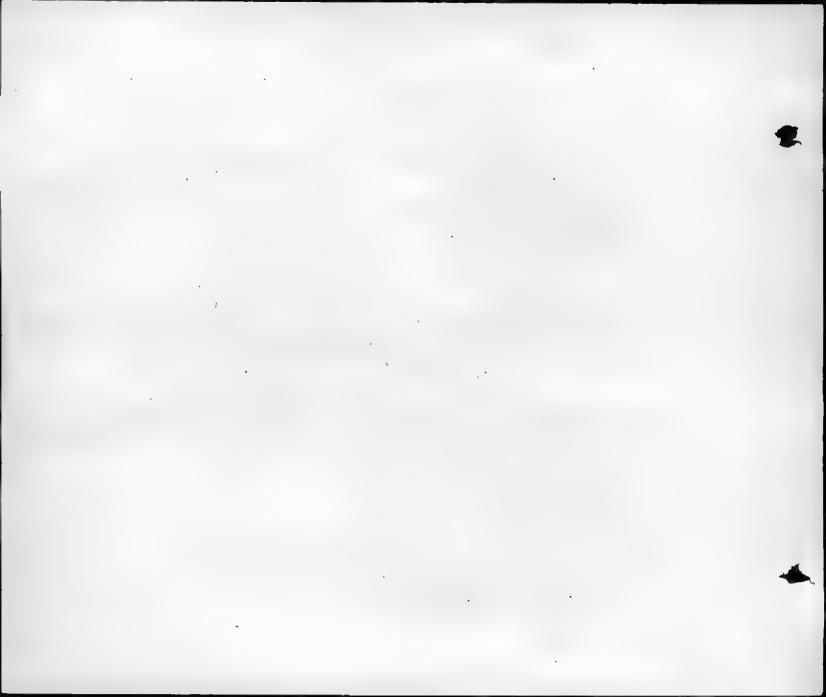
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



fi.ed funero pe ploods by 1 .5 filled Pages papers. compl HOURS and corbon 2 physicion within remove event ottending pleose the permit has been si as the burial-transit may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate h uriol. page 3 shauld be detected the State Board of Heal

VR A15 (4)

15M 9/59



that the death

The bottom copy

DATE

this ‡iş

after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

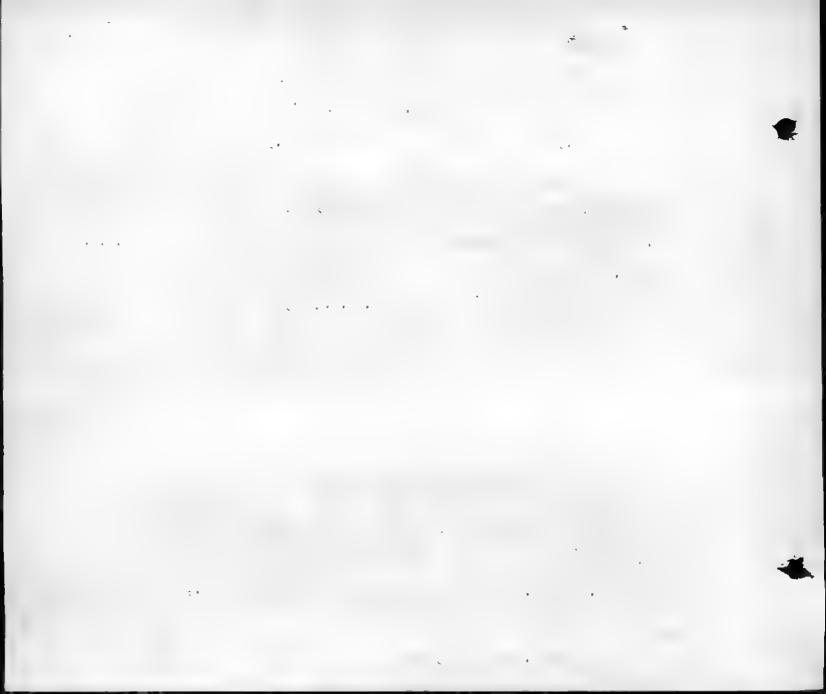
CERTIFICATE OF DEATH

2 handlown

HOM

After of of after death. Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED hours at COUNTY 72 hour (If outside corporate limits, write RURAL LENGTH OF STAY (If outside gorporete limits, write RURAL and give neerest town) and give neerest town! OR TOWN (in this piece) TOWN HOSPITAL OR STREET (If rural give location INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Middle) (Lest) 4. DATE (Month) (Dey) (Yeer) DESCRIPTION (Type or Print) L 19 5. SEX COLOR OR SINGLE, MARRIED 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Months (Specify) £.0 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS BIRTHPLACE (State or foreign country) CITIZEN OF WHAT with done during most of working life, even if OR INDUSTRY COUNTRY? Ė filed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME сопр 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT & ADDRESS (Yes, no. or unk.) (If Yes, give wer or dates of service) 18. MEDICAL CERTIFICATI INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, detached for GIVING RISE TO THE ABOVE CAUSE law requires that by the attending DUE TO STATING UNDERLYING CAUSE LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH å 19e. DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION 20. AUTOPSY: YES NO assembly st should 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Home, ferm, factory, 21c. WHERE DID INJURY OCCUR? (City or Jown) (County) (Stelle) OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: 21d. TIME OF INJURY (Month) (Day) (Year) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Hour) While Not while at work et work 22. I hereby certify that I attended the deceased from C 19 Can that I last saw the deceased alive on...2 .. and that death occurred at M, from the causes and on the date stated above. SIGNATURE (Street, city, town, stele) certificate BURPAL, CREMATION NAME OF CEMETERY OR CREMATORY eath LOCATION (City, fown, or county) (State) REMOVAL (SPECIFY) MIG REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE





ATTERMENT MYSICIAM: The law requires that the death certificate be executed within 2ª haur TO HOSPITAL moy be reminy, TO FUNERAL DIRE page 3 should be the State Board of

VR A1S (4) 1SM 9/59

r death. Page 4

_	No. 1			1	
UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by me funeral	ge 3 should be detached for use as the burial-tronsit permit. Then please re gious, carbon papers. Pages 1 and 2 should be f	-	_		
e fo	Jank				
1	N C		200	A.	
9 6	und.	m.	X	3	42
D.	_				
E	ges	eath			
etely	4	ter d			
dwo	pers	State Board of Health priar to burial, cremotian, or remaval, and in ony eyent, within 72 hours after death.			
ŭ	od r	hou			
00	rbor	72			
CIOL	0	Ë		`	
ysi	3	**	I		
D D	ren	W.		1	/
ding	156	× E			
fen	plec	0			
e at	en	.E			
Ä	는	and			
à	ŧ	É,			
gned	Dern	эта			
3 510	4-15	JT TE			
0000	ron	п, а			
ds th	10	Shia	PO _E		
ě e	buri	еш	4		
rot	he L	5			
rtif	# SD	In a			
S C	25	Ď			
Æ	ם עכ	ır k			
ffer	d Fc	prid			
:: A	iche	를			
10	deta	Hea		1	
REC	pe	of o		1	
፭	PIN	Sarc		1	
ZAL	sho	8			
Ä	co	late			
S	g	S			

	AND RECORDS — BALTIMORE 1, MARYLAND ATE OF DEATH 1. 1294
1. PLACE OF DEATH 2. COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)	Salisbury
d. NAME OF HOSPITAL (If no in haspital, give street address) OR INSTITUTION Pennsylvan Alleneral Hospital	d. STREET ADDRESS R.D.# 4 Johnson Rd ". IS RESIDENCE ON AFARM? YES TO U
3. NAME OF DECEASED (Type or print) DAVID WAYNE	Manth Day Year The SSICK DEATH January ARU 19-1961
S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. Date of BIRTH June 6, 1954 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS last birthday) yrs. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) School Boy None	USTRY 11. BIRTHPIACE (State or foreign country) Salisbury(Hosp) Md. USA USA
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arthur Amoss Messick	Patricia Mary Tawes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (14 yes, give wor or deles of service)	r. Arthur A. Messick (Father) R.D. #4 Johnson Rd Salisbury, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Vascular Callapse Interval Between onset and Death
conditions, if any, which) (b) Extreme H	- JPRV PYVEXIS (Tempo 108) 5 Wys
gave rise to immediate couse (a), stating the under- lying cause last.	sis sormality of Temperature Regulating
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY CONGENITY CEVED DEATH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NI/A	JT NOT RELATED TO THE PRANTACON EAST CONTINUE GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \text{ NO } \sigma \)
	RED (Enter nature of injury in Part I ar Part II af item 1B.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Haur a.m. N/A 19 While of wark of wark	PLACE OF INJURY (Hame, farm, 20f (City ar tawn) (Caunty) (State) (actory, street, office bldg., etc.)
21 I certify that (I) (this hospital) attended the deceased from	1/17 196/ to 1/19, 196/, that (1) (we) last
	death accurred atM, from the causes and an the date stated above.
220 SIGNATURE C Kolls	M.D. ATTENDING MED MED STAFF Jan. 19, 1961
22c. Physician's V NAME (Type) Alfred C. Kolls	medeial Center, Salialary Mo
230. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY Jan. 21, 1961 WICOMICO M	OR CREMATORY 23d LOCATION (CAy, town, or county) (State) EMORIAL PARK SALISBURY, MARYLAND
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MA	RYLAND DATE MAN 2 3 '61 City & Hand



a. STATE

MARYLAND

c. LENGTH OF STAY IN 16

Wicomico

2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)

b. COUNTY

Maryland

1310

Wicomico

the attending physician and completely Filed in by the funeral director. Then please remave carbon papers. Pages I and 2 shauld be filed with in 72 hours ofter death. or remayal, and in ony moy be retour on the haspital or attending physician.

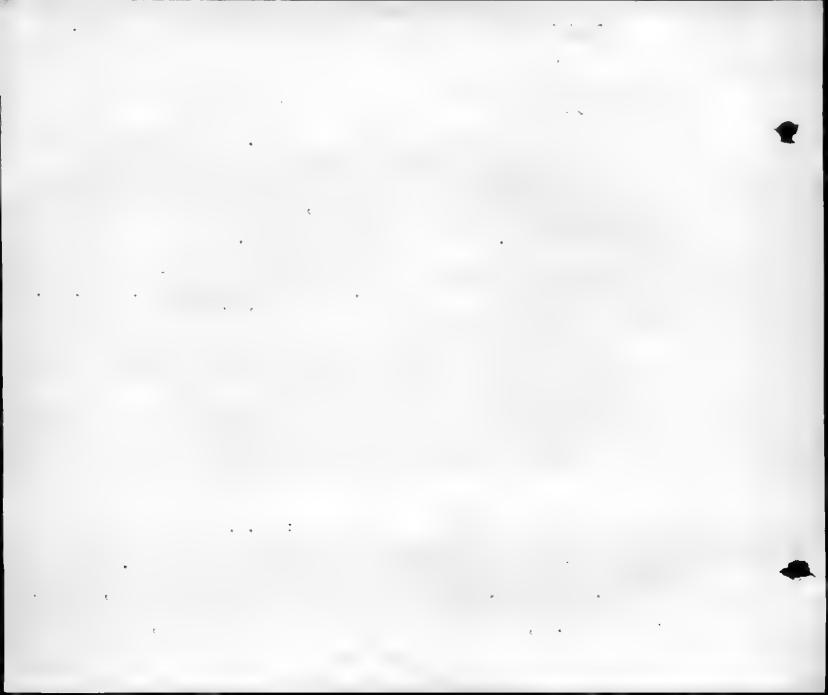
TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. The State Board of Health priar to burial, crematian, or remayal, or

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

VR A1E (4) 15M 9/59

		satisbury		1 0 DET	ispury			
	d. NAME OF HOSPIT	AL (If not in hospital, give street add	ress)	d. STREET ADDRESS				RESIDENCE
	OR INSTITUTION	221 West Phil	adelphia A	e 221	W.Phila	adelphia	Ave YES	NO Z
	3. NAME OF DECEASED	First	Middle	lost	4. DATE OF T	Month	Doy	Year
	(Type or print)	JEROME	RUFUS	MILES	DEATH J	ANUARY	14th	19 0.
	5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED []	B. DATE OF BIRTH	las	E (In years IF UNDE Digithday) Months	R TYEAR IF U	
	Male	White WIDOWED		May 26, 18	88	72 yrs Months	Days Hau	rs Min
	10a USUAL OCCUPATIO	ON (Give kind of work dane 10b, KIN	ID OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State	ar foreign country)	12 CI	TIZEN OF WHA	
	Baker at	t Baking Co.	Baker	Somerset	Co.Mar	yland	USA	
)	13. FATHER'S NAME			14 MOTHER'S MAIDEN I	NAME			
	Samuel I	Miles		Hattie -				
	15. WAS DECEASED EVER (Yes, no. or unknown) (R IN U. S. ARMED FORCES? 16. SO!	CIAL SECURITY NO. 17 IN	s Kätie Mi Salisbu	les(Wifery, Mary	e)2 21 W.I	Phila.	Ave.
	18. CAUSE OF DEA	TH [Enter anly ane cause per ling/	8r (a), (b), and (c).]				INTERVAL	BETWEEN
		TH WAS CAUSED BY.	hod in				ONSET A	ND DEATH
	177	X DUE TO A	- 1	0 0	7.	*)		//
	Canditions, if as gave rise to in		rancit for	endiged -	accur	my pus	26	124
	cause (a), stating		0	0		10		
	lying couse lost.	(c)				U		
	PART II. OTH	IER SIGNIFICANT CONDITIONS <u>CON</u>	ITRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PA	RT 1(a) 19, W/ PEF YES	REORMED?
)	OR CONTRIBUTING	S UNDERLYING 206 DESCRI	A NUMBER OF THE PROPERTY OF TH	. (Enter nature of injury in	Part I ar Part II of	item 18.)		
	20c. TIME OF INJURY		RY OCCURRED 20e. PLA	CE OF INJURY (Hame, form	n, 20f. (City or to		(County)	(Stote
	Haur a m	N/A 19 White at wark	Not while of work	N, Arget, affice bldg , etc.	"	N/A		
	21. I certify tha	t (1) (this haspital) attended	the deceased fram	19	to	. 19	, that (I) (we) las
		ed alive an.			M, from the	causes and an th		
	22a. SIGNATURE	1. 400 · H	201		ED \$T/		10	22b. DATE SIGNE
	20 - PUNCICIA LOS	Vac-N	- 1000-	D PHYS LAL D	RECTOR PH	rs 🗆 Jan	·/X	/196.
	22c PHYSICIAN'S NAME (Type)	. Wanna. 17 T	A -la a	22d. ADDRESS	Combon	Cold about	Ma.	7
	וע	r. William H.F	isher	Nedical	center	Salisbu	ry, Plar	yland
	230. BURIAL, CREMAT O REMOVAL (Specify), BURIA	7 7 70 70(7)	30 NAME OF CEMETERY OF PARSONS CE	CREMATORY EMETERY		SBURY . M	ARYLA	ND
	24 FUNERAL DIRECTOR	-	ADDRESS	250. REC	D BY REGISTRAR	25b. REGISTRAR'S	IGNATURE	
	HOLLOWAY &	& COMPANY SAL	ISBURY MARY	LAND DATE J	AN 1 9 '61	Cultur	8 House	

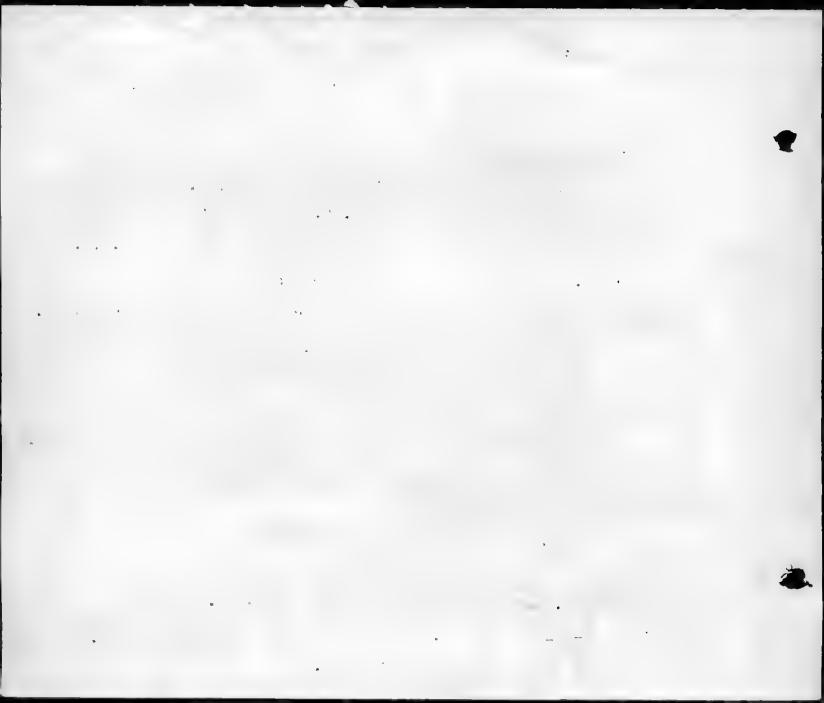


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

ł	2	n	0	0
1	-E.	6	J	1)

4	11		1311
Poge 4 director, led with			PLACE OF DEATH b. COUNTY Wilconiico
TIENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours are death. Page of the hospital or ottending physician. **OR: After this mertificate has been signed by the ottending physician and completely filled in by Ne funeral director defocuse os the buriol-transit permit. Then please remove carbon papers. Pages I am I should be filled with Health prior to burial, cremation, or removal, and in any event, withing Tobas after death			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
by the f	-11		d. NAME OF HOSPITAL (If not in haspital, give street at OR INSTITUTION
hour fin b	*/		Deers head Hospita
within 24 tely filled Pages 1 or death			DECEASED (Type or print)
ed with pletely ers. Po ofter d			emale white wipower
if the deoth certificate be executed within 24 hou the ottending physicion and completely filled in Then please remove carbon papers. Pages I amond in any event, within 17 houge after death	1	100	
be e	1	13.	FATHER'S NAME
icote be	7		Samuel J. Nelson
deoth certificate be ex ttending physician ≡nd pleose remove carban nony event, within777		1\$. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S., ne, or unknown) [If yes, give wor or dates of service]
endur endur sleose ony			18 CAUSE OF DEATH [Enter only one cause per line
the off the off Then p			PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO
quires tho igned by permit.	V		Conditions, if ony, which (b)
equires in. signed it perm			couse (a), stoting the under-
ing physicion fe hos been s buriol-tronsit remotion, or		ATION	PART II OTHER SIGNIFICANT CONDIT ONS CO
SICIAN: The law ottending physic ertificate has been os the burial-traural, cremation,	3	CERTIFICATION	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH
PHYSICIAN: 1 of or ottending nis mertificate use os the bu		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. IN Hour o. m. While
ATTENDING PHYS by the hospitol or CTOR: After this #e detoched for use f Health prior to bu		2	2) I certify that (I) (this haspital) attende
ATTENDING by the hospin TOR: After detoched fo Health prior			saw the deceased alive an 1-14
	1		220 SIGNATURE
etai, burectould be Board of			22c PHYSICIAN S NAME (Type)
SPITAL De retail IERAL DI 3 should ote Board		_	Lee L. Lawry
P. S. B. S.		23a	BURIAL, CREMATION, REMOVAL (Specify) Durial 1-16-6
7 7	4	24	SUNERAL DIRECTOR'S SIGNATURE
VR A1S (4)		又	eim Hillilson

		1311		CERTIFIC	ATE OF DEATH	1		(4601)	
	PLACE OF DEATH	comico		MARYLAND	g. STATE	Vhere deceased lived If in b. SOI	stitution Residence	before admission)	
	b. CITY OR TOWN (IF RURAL ond give net Salis	orest town)	is, write c LEN	esth of stay in 16	c city or town (if	outside corporate limits, w		re nearest town)	
	d. NAME OF HOSPITA OR INSTITUTION Decre	Head Hos	4 4 79		d. STREET ADDRESS		17x	e. IS RESIDENCE ON A FARM? YES NO	
3.	NAME OF DECEASED (Type or print)	Fir		Middle	illigan	4. DATE OF DEATH Jan.	Month	Day Year	-
ı	emale	white	WIDOWED 🔯	NEVER MARRIED DIVORCED	Aug.17,1863		yrs. Months D	YEAR IF UNDER 24 HRS Days Haurs Min.	
	none	ng lite, even it retired	dans 10b. KIND O	OF BUSINESS OR INC	Dustry II BIRTHPLACE (Swi	nd.		S.A.	7
13.	FATHER'S NAME				14. MOTHER'S MAIDEN				
10	Samue] was deceased ever	J. Nels		CCCURTY NO 112	Mary bo	ozman	Address		_
(Ya		f yes, give wor or dotes of a			Miss Kathryn	Millicon		oury. Md.	
	Conditions, if on gave rise to in couse (a), stating the	mediate (133		preum	- tage		INTERVAL BETWEEN ONSEY AND DEATH	
CERTIFICATION	PART II OTHI 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING []	felis	Mul	RED. (Enter noture of injury in			1(o) 19. WAS AUTOPSY PERFORMED? YES NO	2.00
MEDICAL	20c. TIME OF INJURY Hour o. m. P m	Manth, Day, Ye	While No	OCCURRED 20e. of while	PLACE OF INJURY (Hame, far foctory, street, office bldg., e	rm, 20f. (City or town)	(Ca	iunty) (State)
	2) I certify that saw the decease 220 SIGNATURE	(1) (this haspital) attended the	1'1	M.D. ATTENDING PHYS.	AM, fram the cause	/	date stated above	
	NAME (Type)		wry /		22d. ADDRESS Salisbu	my, Md.		==	-
	BURIAL, CREMATION REMOVAL (Specify) Durial	1-16-61		St. Andr		23d. LOCATION (City to	Anne. N	(State)	
24	SUNERAL DIRECTOR'S	SIGNATURE		DDRESS	25a. REC	D BY REGISTRAR 256.	REGISTRAR'S SIGN		
	ein n	Wilson	7 Kri	incess Ar	nne, Md. DATE	IAN 1 9 '61	Cirthur & :	Traus	



15M 9/60

1	
1	I —
	1-
	1 1.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH 1257

		h-b- at
	1. PLACE OF DEATH a. COUNTY	2. USURL RESIDENCE (Whare decreesed lived, if institution: Residence before admiss on
П	Wicomico Manyland	•. STATE Maryland b. COUNTY Worcester
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
,	write RURAL and give nearest town)	Pagamala
	Salisbury 102 days	Pocomoke d. Street Address jo. is residence
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	ON A FARMS
	Deer's Head State Hospital	501 Cedar Street
ľ	3. NAME OF First Middle DECEASED	Lest 4, DATE Month Dey Year
	(Type or print) Thomas Steven	Mitchell DEATH Jan. 27 19 61
		DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS.
	Mala Internation	lest birthdey) Months Davis Hours Min.
	The state of the s	July 15, 1887 73 vm
_	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Mail carrier	New York U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
И	Alfred Mitchell	Mary Elizabeth Smith
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17.	INFORMANT Address
	(Yes, no, or unkown) (Ifyesgivewerordelesofservice)	lice Vincent Pocomoke City, Md.
- 1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	BART I DEATH WAS CALISED BY.	AND SELECTION OF THE PROPERTY
	IMMEDIATE CAUSE (a) Congestive lead	Marilure J.C yrs
	LLOO DUE TO	and the second state of the second se
	Conditions, if eny, which	se ameral
	gave rise to immediate cause	
-1	(a), stating the underlying	
	(c)	OT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a), 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT COND HONS CONTRIBUTING TO BEATH BUT NO 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CHIEFE, NOTIFY MEDICAL EXAMINER	PERFORMED?
	<u>V</u>	YES NO .
	E 201. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW NIJRY OCCURED OR CONTRIBUTING CAUSE OF DEATH), (Enter neture of injury in Pert 1 or Part II of Item 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
	Hour e.m. While Not While fact	tory, street, office bldg., etc.)
		Oct. 17, 19.60 to Jan. 27, 1961, that (I) (we) la
	saw the deceased alive of Jan-/26	death occured atM, from the causes and on the date stated abov
	22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
	Du Jawry M	.D. PHYS. DIRECTOR PHYS. X 1/27/61
	22c. PHYSTCIAN'S	22d, ADDRESS
	NAME (Typo) Lee L. Lawry, M. D.	Deer's Head Hospital; Salisbury, Md.
	238. BURIAL, CREMATION, 236 DATE THEREOF , 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	PEMOVAL Specify	Town Modest Town Va.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	A . 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	O LICION S SIGNATURE	Mell 103 City & Kings
	yourself tome.	1) Q. DATEFER 2 '61 Chiling S. Thanks



MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND

c. LENGTH OF STAY IN 16

Middle

DIVORCED [

DURAND

10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

Farm Owner

1313

d. NAME OF HOSPITAL (If not in hospital, give street address)

White

CALVIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

6. COLOR OR RACE | 7 MARRIED | NEVER MARRIED |

WIDOWED TO

Ocean City Blvd..

Wi comi co

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give nearest town)

Salisbury

during most of working life, even if retired)

William R. Morris

Farmer Truck

1. PLACE OF DEATH

OR INSTITUTION

o. COUNTY

NAME OF

DECEASED

S SEX

(Type or print)

Male

13. FATHER'S NAME

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

o. STATE

Marvland

ed. STREET ADDRESS

MORRIS

March 23,1869

Marvland

14. MOTHER'S MAIDEN NAME

8. DATE OF BIRTH

17. INFORMANT

Salisbury

Ocean City Blvd.

Mary E. Maddox, Same

DATE

DEATH

(1298)

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

12, CITIZEN OF WHAT COUNTRY?

Days

U.S.A.

YES IN NO I

Yeor

196]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

9 AGE (In years lost birthdoy) 91 yrs.

b. COUNTY

Wicomico

Month

Address

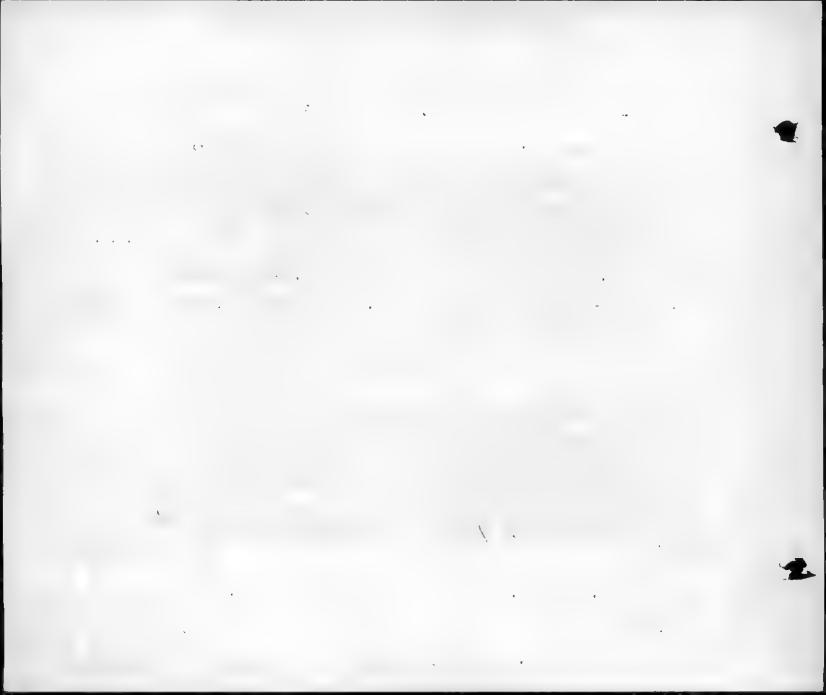
Months

director, illed with Piled Filed eral shauld I .⊆ filled Pages death. etely ! ofter popers. cample and pou 2 ů, 5 within physici remove ottending 붑 the á been signed by I-transit permit. **burial-transit** physician detached far TO FUNERAL DIRECTOR: All page 3 should be detached the manner of the man logrd ote

VR A15 (4)

15M 9/59

Mr. Linwood Morris, Salisbury, Maryland No None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: LIMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO K 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (Country) (Stote) foctory, street, office bldg, etc.) MEDI Hour a.m. While Not while of work of work 1954 19. 61, that (1) (we) last 21 | certify that (1) (this haspital) attended the deceased fram..... . 19(a), and that death accurred at \$2PM, from the causes and on the date stated above. saw the deceased alive on 220 SIGNATURE 22b.DATE SIGNED M.D. PHYS STAFF PHYS DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Andrew C. Mitchell Maryland Ave., Salisbury, Maryland 230 SURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial Parsons Cemetery Salisbury, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR The Hill & Johnson Co. Salisbury, Maryland DATE IAN 2 6 '61_ air 9 K



TO HOSPITAL

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1315

(.13.;()

1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
O. COUNTY ///COM/ED MARYLAND	ONTARY LAND 6. COUNTY
b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ALISBURY	BALTIMERE
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS o IS RESIDENCE ON A FARM?
DEER HEAD STATE HOSP,	UNKNOWN 3V 11-1 YES NO B
3. NAME OF First Middle	Lest 4. DATE Month Day Year
(Type or print) Li danell J.	Wires DEATH JAN 14 1961
5 SEX 6. COLOR OR BACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Doys Hours Min
Male WhITE WIDOWED DIVORCED	1446-19-1877 83 VB
10d USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (State of foreign cognity) 12 CITIZEN OF WHAT COUNTRY?
Relised	10/ary land 4.5.77,
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
JOHN NORRIS	ELIZABETH NITTHER
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address SHLISE USY
No 216-09-6531 (DEER HEAD HOSPITAL RELEAS 1415
1B. CAUSE OF DEATH [Enter only one couse per-line for (a), (b), and (c)]	7 INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	y Cardent Tarkase 2 nts
L+5C.C DUE TO	V. 1 7-1
Conditions, if any, which \ (b) Such al	ned alleropelison 1641
gave rise to immediate cause (a), stating the under.	
lying couse last (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
ICA1	YES O NO
20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING AUGUST OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part 1 or Part 11 of item 18.)
Hour o m. While Not while fo	LACE OF INJURY (Home, farm, 20f (City or town) (County) (State) street, office bldg., etc.]
p m. 19 of work at work	
21 I certify that (I) (this hospital) attended the deceased from.	1 110 5
	deoth occurred of Jam, from the causes and on the date stated above.
220 SIGNATURE	ATTENDING MED. STAFF SIGNED
Del Dawy	M.D. ATTENDING MED. STAFF PHYS DIRECTOR PHYS. SIGNED
22c. PHYSIGATO'S NAME (Type)	11 2 11
230 BURIAL, GREMATION, 236 DATE THEREOF / 230 NAME OF CEMETERY (REMOVAL (Specify),	11 - 1 0 1
1341/14 1-11-1761 DI JOHNS	HUNINDON 12alfune pro
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 72	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
1 I Cultur I want on	DATEAN 1 9 '61 Out! - 8 1/2 1



TO HOSPITA! If ATTENDING PHYSICIAN: The low requires that the death certificate we executed the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in Whe funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		1314		CERTIF	ICA	E OF DEA	III			Reg. Dist.	No.	2334	
1	I, PLACE OF DEATH a. COUNTY				1	. USUAL RESIDENCE	(Where deced			ni Residence	before a	Imlission)	
-1		omico		MARYLA	UND	Mar	yland	b	. COUNTY	Somerset			
П	b. CITY OR TOWN (IF RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY IN	1 1b	1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to						fown)	
1	Salisbu			3 yrs.		Mar	ion Sta	ation					
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRES	S		10	V .	e. 18	RESIDENCE	
Į	S ₁	oringhil]	Sal	nitarium		RFD			17	A 0		5 K NO 🗌	
	3. NAME OF DECEASED	Fire	st	Middle		Lost	4. DAT		Montl		Doy	Yeor	
	(Type or print)	Mary		Watters		orrison	DEA	н]	<u>-8-61</u>			19	
П	5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	□ B.	DATE OF BIRTH 3	/6/77	9. AGI	(In years birthday)	Manths Do		JNDER 24 HRS.	
	Female	White	WIDOWI		*****	Kircher Mich	1886		3 yrs.				
Н	10a USUAL OCCUPATIO during mast at worki	N (Give kind of work ing life, even if retired	done 10b.		INDUSTR	Y 11. BIRTHPLACE (S	tate or foreign	country)		12. CITIZE		HAT COUNTRY	
-	Housewife			Own Home		Maryl					USA		
1	I3. FATHER'S NAME					14 MOTHER'S MAIDE							
1	William J. S. WAS DECEASED EVER	H. Watter					Louise	Nico					
1	(Yan, no or unknown) (1	f yes, give war or dates of s		SOCIAL SECURITY NO.		DRMANT	T	20 TO ES	Addre			163	
ŀ	N⊛	None		None	Mrs.	Gerald A	. Lee,	Kru,	Wario				
-		IH [Enler only one co IH WAS CAUSED BY:	use per lir	ne for (o), (b), and (c).)		1-	10	1.		1	ONSET /	L BETWEEN AND DEATH	
1	I IMMEDIATE CAUSE (a) (COUNTY KONTENTY NEW OF WAS BAY 10 mgs									o you.			
1		DUE TO	1										
1	Conditions, if an	mediate											
	couse (a), slating t	couse (a), stating the <u>under.</u> Lying couse last. (c)											
1		ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TE	PAINAL DISE	ASE CONI	DITION GIVE	N IN PART I	a) 19 W	AS AUTOPSY	
-	PART II. OTH PART II. OTH OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY I									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Pí	REORMED?	
-	E 200. ACCIDENT WAS	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	CURRED	Enter nature of injury	in Port I ar I	ort II of i	lem 18)			, LI 140 LI	
1	OR CONTRIBUTING	MEDICAL EXAMINER)											
-	20c. TIME OF INJURY	Month, Doy, Ye	or 20d. If	NJURY OCCURRED 2	Oo. PLAC	OF INJURY (Home,	farm, 20f. (C	ity or law	n)	(Cov	nty)	(Stote)	
-	20c. TIME OF INJURY Hour o. m. p. m.	19	While at war	Not while	racter	y, street, office bldg.,	elc.)						
-	21. I certify the	at J attended the	deceas	ed fram 1-30)	, 19 58, to	1-8		10 61	that I las	t saw	the deceased	
-	alive on /-	4	. 192			ccurred at 9.3	40 A						
-		n - `		1 1					ly ar lown, s		duic s	DATE SIGNED	
	ACTUAL SIGNATURE	seln a		ecolem/	M.I	116	East	Mai:	n St.	. Sal	isb	ury. M	
1		1								7	2.2		
	PHYSICIAN'S NAME (Type)	Philip A.	Ins	sley. M.D.									
	220. BURIAL, CREMATION REMOVAL (Specify)	1)F	22c. NAME OF CEMET	ERY OR C	REMATORY	22d. LO	CATION (C	ity, town, or	county)		(State)	
	Burial	1/10/61		St. Paul's	s Epi	scopal	Mar	ion S	tation	ı, Md.			
	23. FUNERAL DIRECTOR'S			ADDRESS			REC'D BY REG	ISTRAR		RAR'S SIGN.			
	Bradshave		Crist	ieldwa		DATE	JAN 11	'61	Cla	Chun 8, 1	Traus		

- 5 +

Wicomico

lst

ON A FARMS

61

19

INTERVAL BETWEEN QNSET AND DEATH

PERFORMED?

and in my opinion

DATE SIGNED

1961

(County)

NO X

NO P



4			MARYLAND STATE DEPARTMENT OF HEALTH	
			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	ND,
F 70 D	4		1317 Item 7 Filmy279 1-15-tlet	CTOUS
affer ineral nould	E /4		PLACE OF DEATH a. COUNTY L. USUAL RESIDENCE (Where deceased lived, if Institutions Residence as COUNTY)	e before edmission)
2 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	MI)		Wicomico Maryland Maryland Talbo	t
by the	V		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	eerest town)
N 1	0,		Salisbury lhl days Easton 20 3 0	290
Filled :	1/		d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS	o, IS RESIDENCE ON A FARM?
> 0		-	Deer's Head State Hospital 605 Dover Road NAME OF First Moddle Last 4 DATE Month Dev	Year NO Z
papers	F		DECEASED	4-1
exe omo	1)		Dessie letains danuary 5	19 6] IF UNDER 24 HR5.
be nd of with			Months Deys	Hours Min.
ate an a o co		10a	DO USUAL OCCUPATION (GIVE KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF	WHAT COUNTRY?
rtific /sicu			cone during most of working life, even if retired COUVERSANT Home NUSSE AID MARYLAND WESA	
phy m re			14. MOTHER'S MAIDEN NAME	
ding ding		0	James Green Nannie Bailey	
te d			. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (es, no, or unknown), (lifyesgivewerordetesofservice)	_
at It		1	Colhemas Smith, 2 orlow,	had.
ian. ian. yy th mit.			18. CAUSE OF DEATH [Enter only one ceusa par line for (a), (b), and (c).]	ERVAL BETWEEN SET AND DEATH
ysic ysic ed be per per			PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (e) Pulmonary edema	to urs.
rec physical physical phone			DUE TO	nonant
law ding ding sen sen sen sen sen sen reme			Conditions, if eny, which (b) Myocardial infarction	recent
The other s be be couried al, cal			(a), steting the underlying DUE TO	2
or a or a he he he he				WAS AUTOPSY
control de la co	7	CERTIFICATION		PERFORMED?
r.or	34	IFIC,	2Da. ACCIDENT WAS UNDERLYING, 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of item 18.)	
PH his c		CERI	OR CONTRIBUTING CAUSE OF DEATH ((IF EITHER, NOTIFY MEDICAL EXAMINER)	
by ter thed		WEDICAL	2Dc. TIME OF INJURY Month, Day, Year '20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm. 2Df. (City or town) (County)	(State)
Af Af		MEDI	Hour e.m. While Not While et work et work !	
CENTERN OB OB be be be			21. I certify that (I) (this hospital) attended the deceased from August 15., 1960, to Jan 3, 1961., it	nat (I) (we) last
AT Per I			saw the deceased alive on. Jan. 3	
Sta	т.		220. SIGNATURE ATTENDING MED. STAFF	226. DATE SIGNED
4 H 6 H			MD. ATTENDING DIRECTOR PHYS. 1/	3/61
Page Page pag			V. Juerman, M. D. Deer's Head Hospital; Salishu	rv. Md
HOSPIT eath. Pag FUNER irector, pe		23.	38. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF, CEMETERY OR CREMATORY [23d_LOCATION (City, town or county)]	(State)
death.		1	REMOVAL (Specify)	md,
VR A15 (4)		24/	ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT	URE
15M 9/60		1	Jemush abhiell, Easton, ind. DATE JAN 10'61 Cuting & Know	a.B
	/	77		



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 131 SINGION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

(.13.,3

1. PLACE OF DEATH o. COUNTY Wicomico Maryland	2. USUAL RESIDENCE OF STATE Maryland		d lived. If instituti b. COUNTY	ion: Residenc	e before adi	nission)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 6 Wks	Hebron	(If outside corpo	rote smits, write R	RURAL ond g	ive nearest t	own)		
d. NAME OF HOSPITAL (IF not in hospitot, give street oddress) OR INSTITUTION Peninsula General Hospital	STREET ADDRESS				01	RESIDENCE N A FARM?		
3. NAME OF First Middle	Last	4. DATE	Mon	nth	Dgy	Yeor		
DECEASED (Type or print) NETLIE WALTER	PHILLIPS	OF.	1		31	1961		
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH		9 AGE (In years		_	NDER 24 HRS.		
Female White WIDOWED TO DIVORCED	July 31,188	39	last birthday)	Months	Doys Hou	rs Min		
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INC during most of working life, even if retired)	USTRY 11 BIRTHPLACE (SI	ote or foreign c	ountry)	12. CITIZ	EN OF WHA	T COUNTRY?		
House Wife Own Home	Maryla			U_S	5.A.			
David I Webster	Emma Gra							
	INFORMANT		Add	lress.				
[Yes, no. or unknown] (III vie. deve war or dates of service:	fr. William V	Walter,	Hebron					
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) F-NEUMONIA INFEIR								
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse los! DUE TO DUE TO DUE TO DUE TO DUE TO OUE TO		SITE	UN-		9.00	CN711-		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B		ERMINAL DISEAS	E CONDITION GIV	VEN IN PART	PE	AS AUTOPSY REORMED?		
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter noture of injury	in Port I or Por	d II of item 18.)					
20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. While Not while of work of								
21 1 certify that (1) (this hospital) attended the deceased from 1/10 1961, to 1/31 1961, that (1) [we] last saw the deceased alive an 1/21 1961, and that death accurred at 24 M, from the causes and an the date stated above								
220 SIGNATURE De for DD. Blogon III M.D. ATTENDING MED DIRECTOR DYS. DATE PHYS. DIRECTOR PHYS. D 2-2-196 SIGNED								
John an Osloyam II	M.D. PHYS.	DIRECTOR L	71110.					
DE PHYSICIAN'S NAME (Type) JOHN M. BLOXOM III	M.D. PHYS. 22d ADDRESS		FNTF	a, SA	LISBU	DY IN		
NAME (Type) 30 HN M. BLOXOM TO 23d BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY REMOVAL (Specify)	M.D. PHYS. 22d ADDRESS MEDICAL CREMATORY	CAL C	TION (City, lown,	or county)		Stole)		
NAME (Type) JOHN M. BLOXOM TO 230 BURIAL CREMATION, 235, DATE THEREOF 235 NAME OF CEMETERY	M.D. PHYS. 22d ADDRESS MFD10 OR CREMATORY tery	CAL C	TION (City, lown, on, Mary)	or county)	(

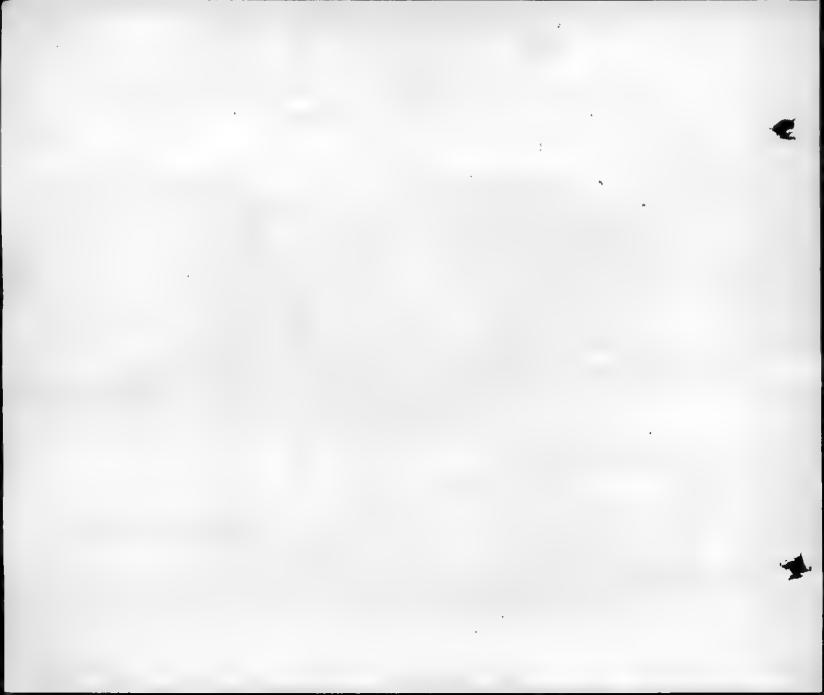


L.	1319 CE	KIIFICA	TIE OF DEATI	Η			
1.	PLACE OF DEATH o. COUNTY	MARTINA.	2. USUAL RESIDENCE (Where deceased live	b. COUNTY	: Residence before	ore admission)
<u> </u>	Wicomico		13.6	Lac		A172	X3c
	RURAL and give nearest town)	F STAY IN 16	CITY OF TOWN (mits, write KUK	IAL ond give ne	l d d
	d. NAME OF HOSPITAL (If no) in haspital, give street oddress)		d. STREET ADDRESS	PTOWY			S IS RESIDENCE
P	FNINDULAGENERAL HOSPITA	1	5 N. F	CACE	ST		YES NO
-	NAME OF A First a	Middle	Lost	4. DATE	Month	D	lgy Yeor
	DECEASED (Type or print) ALEINE HILV	ARD	BOUAL	DEATH 3 A	NUARL	į L	1 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED	B. DATE OF BIRTH	9. A	GE (In years	FUNDER TYEA	R IF UNDER 24 HRS
E	EMALE WHITE WIDOWED D	IVORCED [12 Mar	98 6	st birthdoy) yrs	Months Doys	Hours Min.
100		NESS OR IND	USTRY 11. BIRTHPLACE (Sto	ote or foreign country	1)	12 CITIZEN C	F WHAT COUNTRY?
+	tousewith the	w. FE	Dal	01		U.	S,
13.	FATHER'S NAME		14 MOTHER'S MAIDEN	NAME			
1 (NaitER B. HILLIARD		(LORa	Jour	N02		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SPICIAL SECUR	ITY NO. 17	INFORMANT		Addres	is	^
1"	n. no. or unknown) (if yes, give wor or dotes of service)	ione 7	TAUER L	ROYAL	L GE	ORGET	ownder
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b),	and (c)]		111			TERVAL BETWEEN
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Dichel	is W	Mirova	they		ON	ISET AND DEATH
	260 X DUE TO	The state of the s		1			
	Conditions. if ony which) (b) (Matteria	a du	to Reduce	4 Filen			2-3 years
	gove rise to immediate couse (p), stating the under-		On A	0.00		,	7 Davis
	lying couse lost. (c)		(a) Keens	Herrand			1 carrys
<u>N</u> O.	PANT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE TEL	RMINAL DISEASE CO	NDITION GIVEN	4 IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
CAI	Diabeles Melatis à advanced	Lailu	ioschusia				YES NO
CERTIFICAT	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURR	ED (Enter noture of injury	in Part I or Part II ol	item 18.}		
S	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCUR		LACE OF INJURY (Home, fo	orm, 20f. (City or to	own)	(County	r) (Stote)
MEDICA	Hour a.m. While Not while p.m. 19 of work at work		octory, street, office bldg.,	erc.)			
	21. I certify that (I) (this haspital) attended the dec-	eased fram	alla	1960 to 10	u 4	196(.1	that (I) (we) last
			death accurred at[[S.M. fram the	1		1 / 1 /
	22q SIGNATURE			1.			22b DATE SIGNED
	Soephil Vilgerall		M.D. PHYS	MED ST DIRECTOR P	AFF IYS.		310145
	22c PHYSICIAN'S NAME (Type)	- C 4 1 C	22d. ADDRESS	_ (00		
_	Joseph C. F. 129	ERMLE	70	1 (and	ou cei	reme	
230	I. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME (REMOVAL (Specify)	OF CEMETERY	OR CREMATORY	23d LOCATION	(City, lown, or	county)	(Stote)
1	BURIAL 7 JAN 61 ST	taul	&	GEORG	WOTS	n 9	de la.
24	EINERAL DIRECTOR'S SIGNATURE ADDRESS	5	25a. Rf	EC'D BY REGISTRAR		RAR'S SIGNATI	DRE
	Konald + Hodel 1980	PG ET	TAROLS PINC	A		3.F	(M) Pro-

may be retained by the haspital ar attending physician.

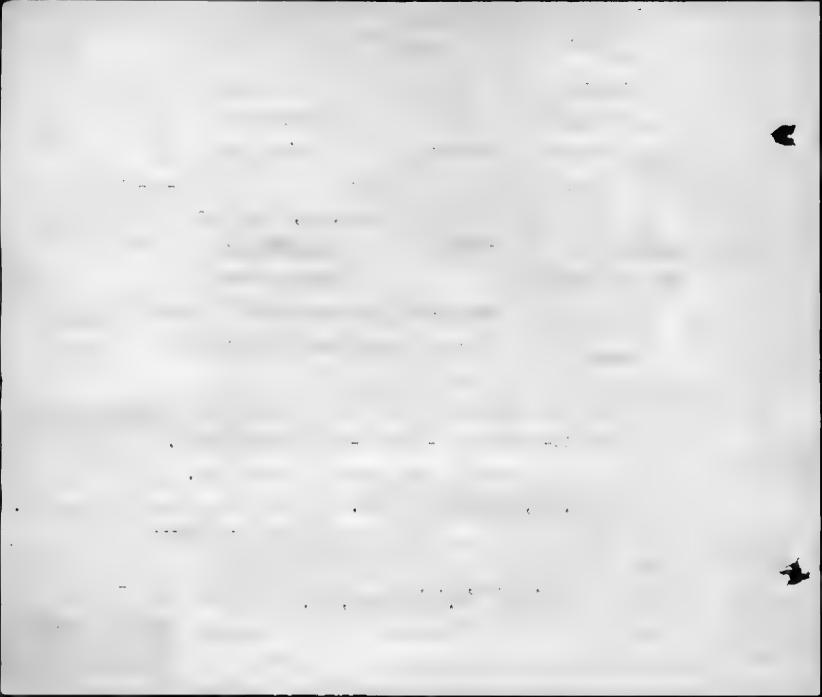
TO FUNERAL MEMICIANS. After this certificate has been signed by the attending physician and nampletely filted in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Baard of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. r death. Page 4 *TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauring TO HOSPITAL

VR A15 (4) 15M 9/59



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) 1. PLACE OF DEATH director. Page or your files. hard of Health, e. COUNTY 5 COUNTY MARYLAND Maryland Queen Anne c. CITY OR TOWN (If outside corporate limits, write RURAL and give necess town) b. CITY OR TOWN if autside corporete limits, e. LENGTH OF STAY IN 16 write RURAL end give neerest town) 24R 5 MOS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, g ve street eddress) Centerville
d STREET ADDRESS e. IS RESIDENCE State Boar ON A FARM? YES AND Head State Hospital Route Manth DECEASED and 3 to the the DEATH (Type or print) 19 may be 2 with th Fugene W To, solor or RACE 7. MARRIED W NEVER MARRIED Scott with B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years last birthday) Months WIDOWED DIVORCED 2, ar 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) FARM PADOTET FATHER'S NAME pages P.M3. 14. MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (e) Acute congestive heart failure " in pencil i Office alor Hours DUE TO (b) geve rise to immediate couse DUE TO (e), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? should be tial, crematic YES Y NO Fracture C-5 and C-6 with cord injury.

20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part For Pert H of 18.) Medical Quadraplegic20s. EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING X CAUSE OF DEATH. Thrown by hay loader on Clark Farm.
20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, form, 20f. (City or town) writing I e Chief / Page 3 s 20c. TIME OF INJURY fectory, street, office bldg., etc.) the Ch R: Page While Not While Farm Centerville Cuaen DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy y Inquiry 1 v Inspection 😾 and in my opinion nomicide . death resulted from: Natural causes Accident + Suicide Undetermined manner forwarded CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for PUNERAL I SIGNATURE. DEPUTY MEDICAL EXAMINER 1-16-61 EXAMINER'S DEPUT NAME (Type) ANGLASS (Street, city, town, or county) 22e. BURIAL, CREMATION. 22d, LOCATION (City, lown, or country) [Stete] BEMOVAL (Specify) Buris 40 9 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURI 23 FUNERAL DIRECTOR OAHAN 1 8 '61 arthur S. Kraus VS. A15ME 5M 7/59



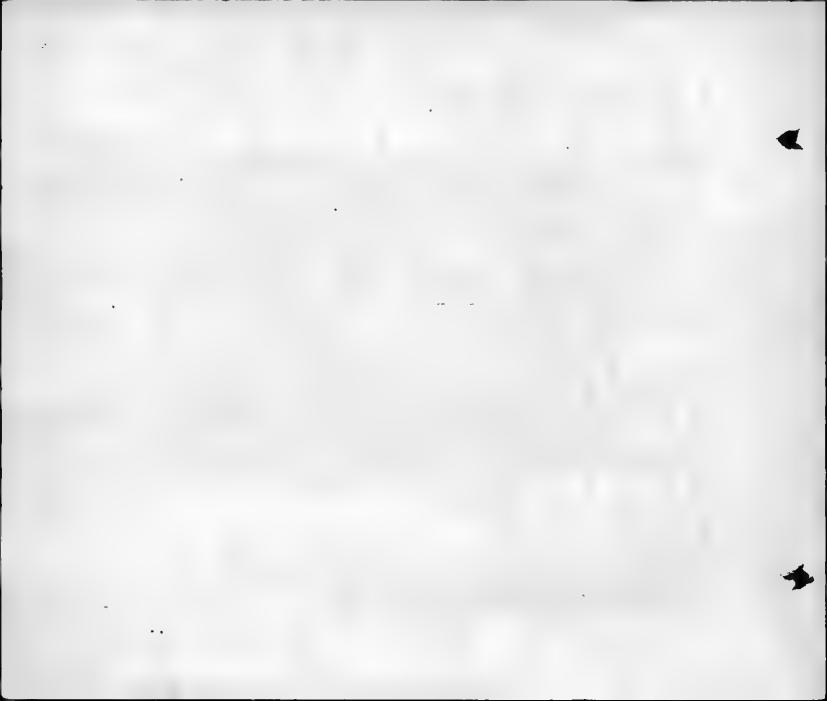
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT . PLACE OF DEATH / 2. USUAL RESIDENCE (Where decessed fived, If institution: Residence before admission) Page e. COUNTY Frector, Pos m. STATE **6. COUNTY** Mass. MARYLAND b. CITY OR TOWN (if outs de corporate lim ls, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete I m'ls, write RURAL and give nearest lawn) write RURAL and give neerest town) Salisbury Sakk Framingham may be retained for 2 with the State Boar d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE in pencil in Item 18. Give Pages 1, 2, and 3 to the funera. Office along with form PM3. Page 5 may be retained for ON A FARM? D.O.A. Pen Gen Hospital Edgell Road YES T NO T 3. NAME OF Middle Month Year DECEASED SELLEW 4th 1961 VINCENT JANUARY (Type or print) and 2 with the 72 hours after DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR | last birthdey) Months Male WIDOWED [March 1 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? pages I and within 72 I done during most of working life, even if retired) Self-employed) Voskotoja-Albania S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Chkliew Lenora Kristo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT Mr. Arther Sellew((Yes, no. or unkown) i (If yes divewer or detes of service) Office along with burist-transit permi No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which {b} gave rise to immediate cause 85 3 DUETO (e), steting the underlying Medical Examiner ď cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY CERTIFICATION 2 PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Hem 18.) 20s. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stele) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X . Inspection K Inquiry and in my opinion death resulted from: . Natural causes Ca Accident Suicide 1 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Camden Ave. Salisbury, Md Address (Street, c'ty, town, or county) 226, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 9 Dell Park Cemetery Natick. Burial Mass. 23. FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME HOLLOWAY & COMPANY 5M 7/59 SALISBURY MARYLAND DATE JAN 6 Culling & France

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) . COUNTY WicomicO filed b. COUNTY MARYLAND Wicomico b. CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town] hr. Salisbury Delmar d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Elizabeth YES NO TE eninsula Gen. Hospital NAME OF Middle 4. DATE Month Yeor OF DEATH (Type or print) Marion Beaven Sherwood Jan. 14th 1967 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Male Dec. 16.1888 DIVORCED [7] WIDOWED IT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) during most of working life even if relired) 12. CITIZEN OF WHAT COUNTRY? Retired Foreman Railroad Marvland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Sherwood Charlotte Fleetwood 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 716-01-9444 Sherwood, Delmar, Md. No INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line to (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PARK II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOW/RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES I NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20e. PLACE OF INJURY (Home, farm, 20f (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, office bldg , etc) Hour o. m. Not while of work of work 1961, that I last saw the deceased 19.5 5. ta 21. I certify—that I attended the deceased from... alive on 196/____, and that death accurred at ___/ M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S Dr. L.V.Sohler NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slote) B-REMOVAL -Specify) 1-18-61 Mount Olive Delmar Del. 2 24o, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 That & French

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



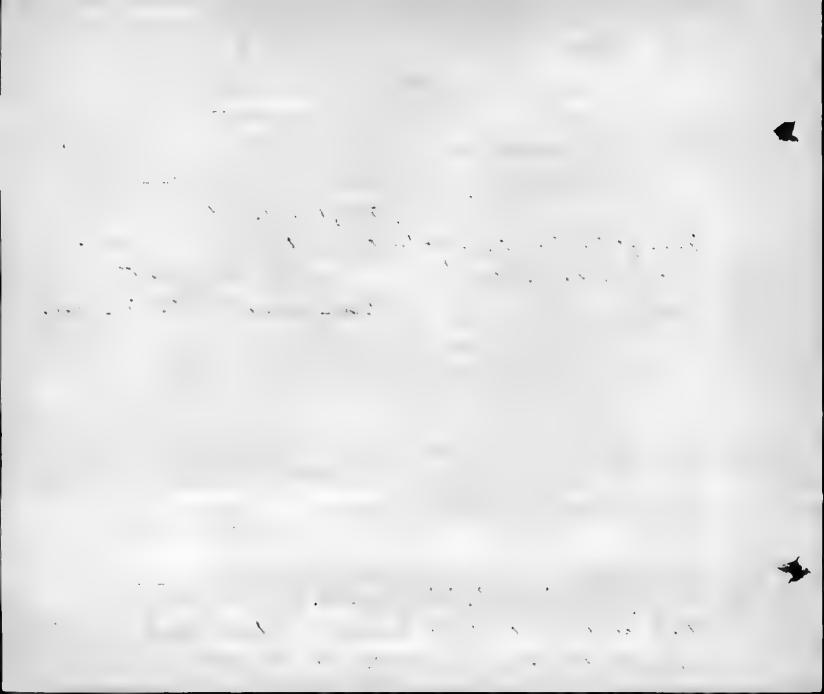
FOR STATE HEALTH DEPT.

TO II PRITY XEDICAL EXAMINER: This pertificate should be executed within 24 flours after death. If any decision, please meeting the certificate, writing the word "pending" in pending in Iran 18. Give Pages 1, 2, and 3 to the furner director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filter TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 mith the State Board of Health, or its designated agent, prior to burial, gremation, or removel, and in any event within 72 four pendin.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LANDED'S CEPTIFICATE OF DEATH LANDED'S CEPTIFICATE OF DEATH

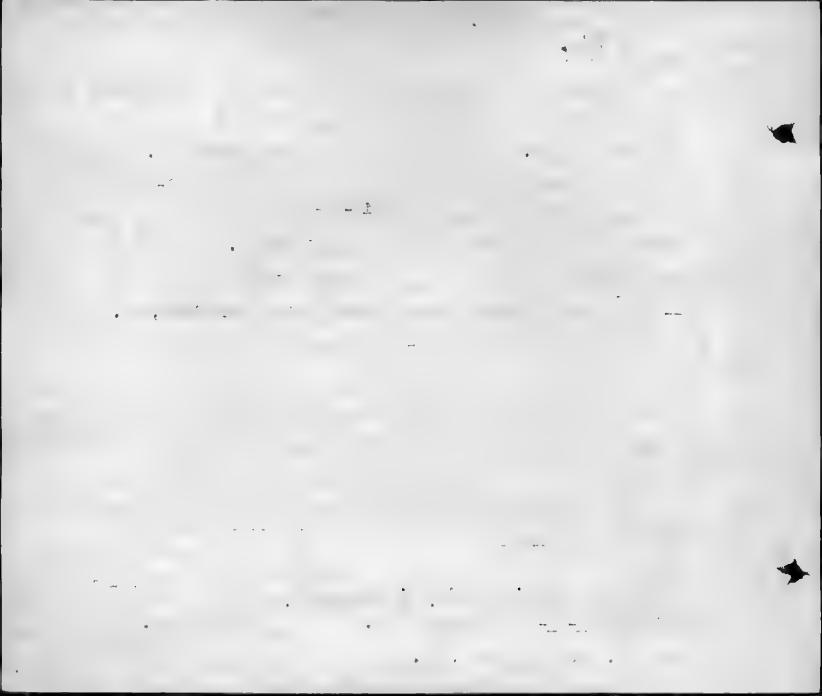
1-	1040	_ , " ^ ^	1 -6111
1.	1. PLACE OF DEATH •. COUNTY	USUAL RESIDENCE (Where decessed lived, if institutions Resid	dence before edmission)
_	Wicomico Maryland	Maryland Wic	comico .
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end gi	ve neerest town)
	Selishury	Pittsville	
in j	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d STREET ADDRESS	. IS RESIDENCE
1	70	A second	YES NO
3.	Peninsula General Hospital	Last 4. DATE Month De	Year Year
	DECEASED (Type or print)	OF DEATH	
1.	Otto H Sho	rt 1-2-61	19
3.	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DA	ATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA last birthdey) Months Deys	AR IF UNDER 24 HRS.
	M WIDOWED DIVORCED 11	nu 15.1899 61 yrs.	s Hours Min.
4		II. BATHPLACE (Slete or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
19	done during most of working life, even if retired)	9.0	Q .
1	13. FATHER'S NAME	MOTHER'S MAIDEN NAME	0.
	1	0 0 1 - 1.1 4	
	- James M. Stort	sletin a. West	
12	15. AT DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFE	Address Address	
Ι,	no de	an Shart- Hitliamille	241
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	ace sopra . / source	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
	IMMEDIATE CAUSE (a) - Coronary occlus	ion-	Sudden
	DUE TO		
	Conditions, if eny, which (b)		
	gave rise to immediate cause (a), stating the underlying DUE TO		
	cause lest.		
z	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 .	. 19. WAS AUTOPSY
16	OF		PERFORMED?
CERTIFICATION	S on FVTFDUAL CAUCE WAY (only proceed to be a country of		YES NO
Z.	206. EXTERNAL CAUSE WAS 206. DESCR BE HOW INJURY OCCURED. (Enter	neture of injury in Perf I or Perf II of Item 18.)	
_	· ·		
MEDICAL	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200. PLACE C		(State)
1 03	Hour a.m. While Not While fectory,	street, office bldg., etc.)	
~	21. I certify that I took charge of the remains described above, held a	an Autonou Di Incontina De Incontina	11.
		LA	nd in my opinion
	death resulted from: Natural causes Accident . Suicide	, Homicide , Undetermined manner	
	600	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S Earl L. Royer, M.D.	ar "-") Or	
22	220, BUNDAL, CREMATION 226. SATE HEREOF AVE. NAME OF LIMETER UN VE	MATURY 22d. LOCATION (City, town, or country)	(State)
1	MEMOVAL (Specify)	t 10.11- 11	
K	Julia 1/2/6/ June Cemel	uy telleville	mal.
1	ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN/	ATURE
	Bonald Homes Willatow	DATE JAN 9 '61 Conting of the	rand



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edm ssion) e. COUNTY Page e. STATE h. COLINTY director, Page ir your files. Wicomico MERVIEND Maryland Wicomico

c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) b. CITY OR TOWN of outside corporate limits. c. LENGTH OF STAY IN 16 for your write RURAL and give nearast town) 岁 Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. Street ADDRESS e. IS RESIDENCE ON A FARM? 3. NAME OF FITZWater retained 無る無 Fitzwater YES NO [death. Middle Year DECEASED 18. Give Pages 1, 2, and 3 to the form PM3. Page 5 may be retain. File pages 1 and 2 with the sent within 72 lours after de OF DEATH (Type or print) ean Smith AGE (In years | IF UNDER TYEAR 6. COLOR OR RACE BENDATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED [DIVORCED 3 10. USUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? File pages I and dona during most of working life, even if retired) none Wicimico co. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Smith Evans Emma 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (thy asgiva wer or detasof sarvice) permit. Office along with burial-transit perm in pencil in Item 1 Emma Smith ___**************************** Salisbury. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), [ONSET AND DEATH DEATH WAS CAUSED BY: Broncho-pneumonia-IMMEDIATE CAUSE (e) Hours DUE TO removal, Conditions, if any, which "pending" gava r'se to immadiata cause 10 Medical Examiner's DUE TO (a), stating the undarlying cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTORSY CERTIFICATION PERFORMED? 8 should be forwarded to the Chief Medical E Pruneral, DIRECTOR: Page 3 should be it to design and be not be burial, cremating the design and agent, prior to burial, cremating the design and provided the companies of the design and the design and the design and the design and the design are the design and the design and the design are the design and the design are the design and the design and the design are the design are the design are the design are the design and the design are the design are the design and the design are t NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) 20a EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | EDICAL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., atc.) Whila Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy y Inspection | Inquiry and in my opinion death resulted from: Natural causes 7 Suicide Homicide L Undelermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY Royen, EXAMINER'S TOR CREMANORY NAME (Type) 226, BURIAL, CREMATION, 226, 22d. LOCATION (City, town, or country) Houston cem. Salisbury, Md. OFE 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME Children S. Frank DATEJAN 1 1 '61 lisbury, Md. West

MARYLAND STATE DEPARTMENT OF HEALTH



TTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haun

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

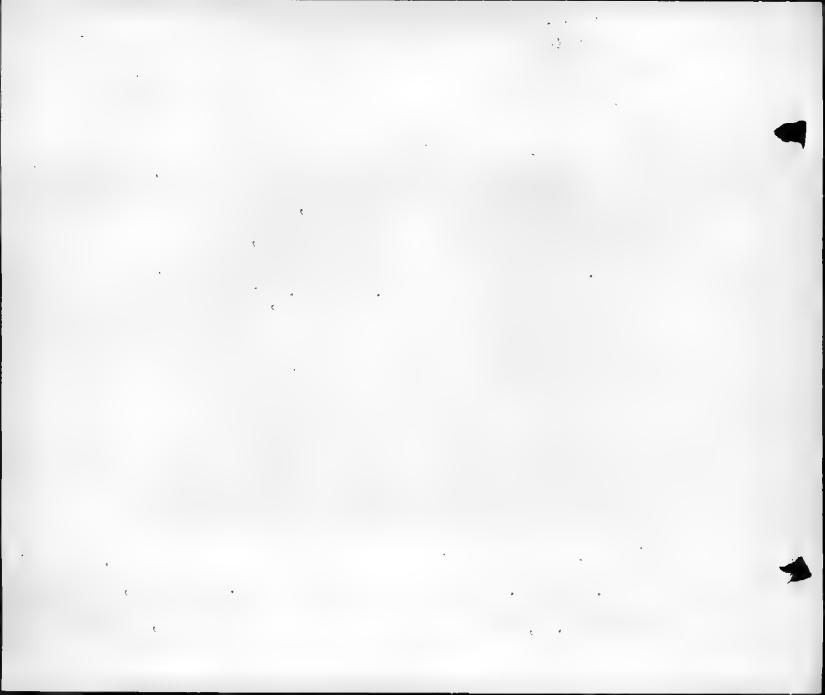
CERTIFICATE OF DEATH

(.i3in

			1325		CLICI				61 ot				- ()
Λ.		PLACE OF DEATH				2.	USUAL RESID			d. If institution			ion)
1	,	3. COOM	Wicomico		MAI	YLAND	Q. SIAIE	Mary	land	b. COUNTY	Wicom	nico	
1	ŀ	CITY OR TOWN (RURAL and give n	If autside carporate limits,	write c	LENGTH OF STA	Y IN 1b	C.CITY OR I	OWN (IF au	itside carporate	limits, write RUR	AL and give	nearest lown)
		ì	sallsbury				14	Sali	sbury				
	4	OR INSTITUTION	TAL (If not in haspital, give	e street ad	dress)		d. STREET A					e. IS RES	IDENCE FARM2
	S	pring H	ill Privat	e Sa	nitariu	m		604	Monroe	St		YES	NO []
	3. 1	NAME OF DECEASED	First		Midd	-	las		4. DATE OF	Manth			Year
	(Type or print)	FLOREN		MAY		PATON		DEATH	JAN.			19 61
	5 . S	EX	6. COLOR OR RACE 7	· MARRIEC	NEVER MARI		ATE OF BIRTH				Manths Do	EAR IF UNDE	Min.
		Female	111	VIDOWED			July !			AQ yrs			
		during most of war	ON (Give kind of work do king life, even if ret red)			OR INDUSTRY						OF WHATC	OUNTRY?
_			House Keep	er	None			ltlan		yland	U	SA	
	¥3.	FATHER'S NAME	Br. 70			1	4 MOTHER'S			. 3			
	/	Samuel	M.Banks				Emma	a Jan	e Rich	ardson			
_		NO NO	ER IN U.S. ARMED FORCE (If yes, give wor or dates of serv	S7 16, SO	OCIAL SECURITY N	o. Mining	Salisi	E.St	aton(H Maryl	lusbánd and) 604	Monro	oe St
			ATH Enter only one cous				1.5					INTERVAL BE	
			ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	14	20131	130 0	11	in al	1765		C	ONSET AND	DEATH
		21	DUE TO	()	1	11_		-61					
		Canditians, if a	an which t	X	1 entr	Chilo	プル	ill	Jani				
		gave rise to i	mmediate (DUE TO			*							
		cause (a), stating lying cause last,											
	Ż	PART II. OT	HER SIGNIFICANT CONDI	TIONS CO	NTRIBUT NG TO D	EATH BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE CO	ONDITION G VEN	IN PART 1	a) 19 WAS	AUTOPSY RMED?
	CERTIFICATION												NO 🔀
,	RTIF	200. ACCIDENT W.	AS UNDERLYING 2: CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRI	IBE HOW INJURY	OCCURRED. (E	nter nature a	finjury in P	ort I ar Part II a	of Item 18.)			
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)	N/	A								
	MEDICAL	20c. TIME OF INJUI Hour a.m.	RY Month, Day, Year		URY OCCURRED	20e. PLACE	OF INJURY (Hame, farm,	20f. (City ar	4	(Cau	nty)	(State)
	MEC	р. п.	N/A 19	While at work [Nat while at work	1	N/A			N/A			
		21 I certify the	at (I) (this haspital)	attended	d the decease	d from	6-	<u> </u>	55.10	1-15	196/	that (I) (we) last
		saw the decea	sed alive on	1-1	13 1961 , an	d that deal	h accurréd	18 P	M, fram the	causes and			
1		220 S GNATURE	n)	7 /	11							1/ 22	b DATE
į.		176 Y	- +7 m7	ZU	14	M D	PHYS.	ME DIR	D. RECTOR .	HYS	Jan.	./6	/1961
		226-PHYSICIAN'S NAME (Typet)	- A3 O	Dom a	-177		22d ADDRE		A-=-0 C	olf abo	2022	Monrell	5ma
		1)	r.Andrew C	PILT	chell		mary	land	Ave. L	Salisbu	T.A 9	Maryl	ariu
	23a	REMOVAL (Specify	ON, 236. DATE THEREOF		23c. NAME OF CE			_		(City, tawn, ar		(Stat	(e)
		REMOVAL (Specify Buria	1 Jan.18,1	.961	PARSO	INS CE	METER			SBURY,		YLAND	
		FUNERAL DIRECTOR		0.4-	ADDRESS	24 A 722 Am	ANTE		BY REGISTRAR	25b REGIST	RAR'S SIGNA	ATURE	
	H()LLOWAY	& COMPANY	SAL	ISBURY	MARYL	AND	DATE JA	1 8 '61 y	Crit	un & to	LAMA	

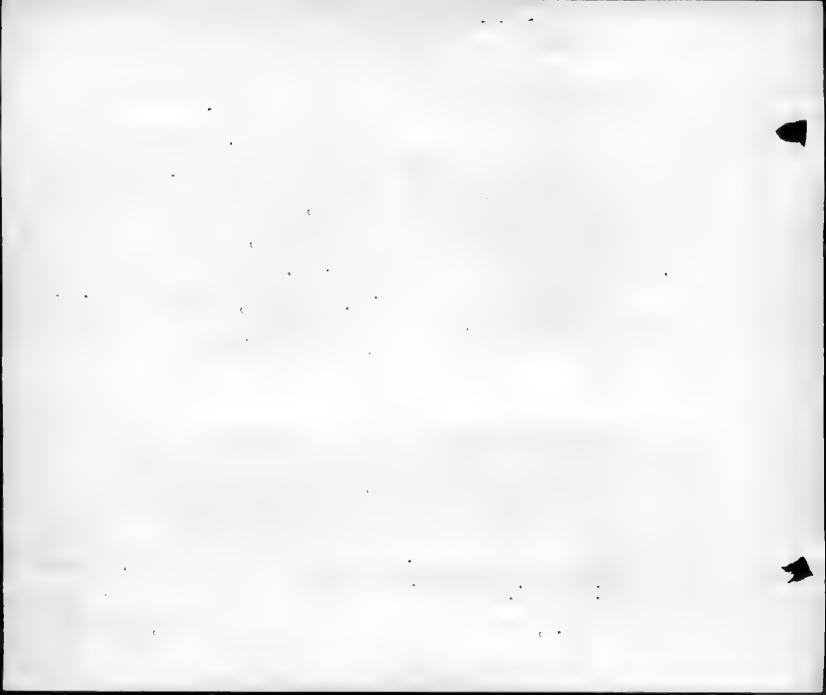
VR A15 (4) 1SM 9/59

TO HOSPITAL



7	1326 CERTIFICATE OF DEATH
Page director	1. PLACE OF DEATH O. COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) O. STATE Maryland COUNTY Wicomico Wicomico
M funeral W	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) Salisbury Salisbury
by the d 2 shoot	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Pen Gen Hospital d. STREET ADDRESS ON A FARM? YES [] NO [X]
illed in set I am oth.	3 NAME OF DECEASED (Type or print) MATTIE ELIZABETH STEVENS DEATH JAN. 1st 1961
d withii pletely f rs. Pog offer de	5. SEX Female 6. COLOR OR RACE WIDOWED DIVORCED JULY 20, 1902 9 AGE (In years let under 1 YEAR IF UNDER 24 HRS lost birthdoy) 58 yrs. 9 AGE (In years let under 1 YEAR IF UNDER 24 HRS lost birthdoy) 58 yrs. 5 III Hours Min.
and components to hours	100 USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Retired Employee (Restaurant) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ician e carl	L. Teagle Truitt Emma C. Johnson
ing phys e remav event, w	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. U. INFORMANT Mr. Everett Stevens (Husband) 901 S. Division No. or unknown) No. Of the force
equires that the dea n. signed by the otten it permit. Then plex r removol, and in an	18. CAUSE OF DEATH [Enter only one couse per line for (6), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony which gove rise to immediate couse (a), storing the under-lying couse (b), storing the under-lying couse lost. (c) Mutral of Causes (d) Martin of Causes (e) Martin of Causes (f) Martin of Causes (f) Martin of Causes (g) Martin of Causes (
The low rang physicic le has been buriol-from remation, a	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? PRICE LIGHT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURRED. (Enlight noture of injury in Port II of Part III of Part III)
HYSICIAN I or attendi is certificat use as the ta burial, a	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH N/A 20c TIME OF INJURY Medical Examiner) 20b. PLACE OF INJURY (Home form, 20f. (City or town) While Not while of work of w
VITENDING P y the hospital TOR: After th defacthed far Health prior I	21 1 certify that (1) (this haspital) attended the deceased fram. 1910 1956. to 1 1 1961, that (1) (we) last saw the deceased alive an 1913 1960, and that death accurred at 910 M, fram the causes and an the date stated above. 220 SIGNATURE (1) 1 22b DATE
reto ne te RAL DIREC should be e Board of	ATTENDING MED. STAFF Jan. 3 /1961 22c PHYSICIAN'S P. Rufus S. Gardner Jr. NAME (Type Dr. Rufus S. Gardner Jr. Pine Bluff Road-Salisbury, Maryland
O HOSP moy be o FUNEI poge 3 the Stat	23d BURIA., CREMATION, REMOVAL (Specify) Burial Jan, 3, 1961 Pittsville Cemetery Bittsville, Maryland
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALTSBURY MARYLAND DATE: JAN 5 '61 College & Holloway & Holl

VR A15 (4) 15M 9/59



CERTIFICATE OF DEATH

ſ	1. PLACE OF DEATH G. COWNTY	2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission)
1	LICEMIC MARYLAND	O. STATE MARYLAND & COUNTY WORKESTER /
ľ	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
1	DALISSURY 5 DAYS	POCOMOKE CITY 2: 1.
ľ	d. NAME OF HOSPITAL (If not in hospital, give street oddress),	d. STREET ADDRESS e. IS RESIDENCE
	PENINSULA CENERAL HUSPITAL	209 10 TH STREET YEST NO DE
1	3. NAME OF First Middle	Last 4. DATE Month Day Year
ı	(Type or print) MARY FITA	TAYLOR DEATH JANUARY 25 1961
ŀ	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF RIPTH 19 AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
l	FEMALE WhITE WIDOWED DIVORCED	NOV. 1 1878 SZ yrs. Months Days Hours Min
J	10a. JSUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	ISTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
١	HOUSEWIFE	MARYLAND USA
J	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
1	JOHN WAISON	VIRGINIA STEWART
1		NFORMANT Address
1	4	185 A.T. KELLY DICOMPRE CON IND.
ŀ	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN
1	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hemorrhay & ONSB AND DEATH
1	DUE TO	
1	Condition Community Complex	anterioscle roses
1	gave rise to immediate	
1	lying cause last.	
1		T NOT RELATED TO THE TERMINALOISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
1	Wichetes Mellitus	· antirul Hypertensia YES NO
1	PAN II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT CONTRIBUTING TO COURTE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Port) or Part II of item 18)
1	OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
1		IACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
1	Hour a.m. While Not while	octory, street, office bldg., etc.)
		19. 20 10-2 Infan 25 10/ that (1) (was last
	21 I certify that (I) (this hospital) attended the deceased from	100
	saw the deceased alive an 1901, and that	death accurred at L.C.M., fram the causes and an the date stated above. 22b DATE
ı	W / 2 1 /2 /2 /	ATTENDING MED STAFF SIGNED
	22c PHYS CIANS	M D PHYS DIRECTOR PHYS \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1	NAME (Type) DAVID J. GILMORE	SALISBURY, MARYLAND
ŀ		
1	R6MOVAL (Spec (y)	
ŀ	BURIAL DIRECTOR'S SIGNATURE ADDRESS	ME TERY KURAL- 16COMOKE (1) M.D., 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	There is the the the	- Mod. DATEJAN 3 0 '61 CARLING S. Thrus
ŀ	freezer to comme), DATEMIN O

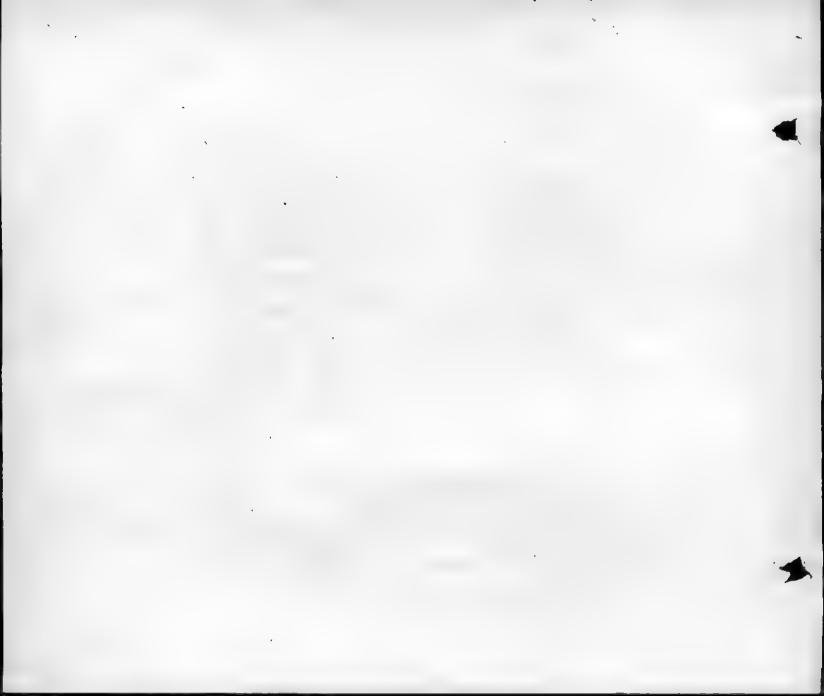
may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. death Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

9 3

TO HOSPITAL

VR A15 (4) 1SM 9/S9



PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) is necessary, director, Page or your files, and of Health, e. COUNTY b. COUNTY Wicomico Wicomico MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outsidé corporele fimits. CITY OR TOWN (If outs de corporate limits, write RURAL end give neerest town) Salisbury (Rura Board of Salisbury (Rural) d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) ON A FARME es 1, 2, and 3 to the funeral Page 5 may be retained to s 1 and 2 with the State Bo n 72 hours after death. 1(At Home on Farm) R.D.# 3. NAME OF Middle 4. DATE Month DECEASED WILLIAM TOWNSEND EDWARD DEATH JANUARY 2nd 1961 (Type or print) AGE (In years IF UNDER 1 YEAR 7. MARRIED T NEVER MARRIED 60 vrs. NOY. Male .1900 DIVORCED WIDOWED 10e. USUA. OCCUPATION (Give kind of work done during most of working life, even if relived)

Employee(Gulf Oil Co) on Route

10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stele or fore gn country)

On Route

R.D.# Salisbur 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? " in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page burial-transit permit. File pages 1 an Salisbury, Md. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Murray Edward Townsend Alice A. Pusey event 16. SOCIAL SECURITY NO. D. INFORMANT Mrs. Mamle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? .Townsend(Wife) R.D.# 1 (Yes, no, or unknwn) (Ifyesg vewarot deles of service) Salisbury, Maryland 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** or removal, Conditions, if any, (b) gave rise to immediate cause "pending" 40 Chief Medical Examiner's **DUE TO** 20 (e), steting the underlying cause fast. cramation, PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 6), 19, WAS AUTOPSY PERFORMED? sase execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremail NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Pert II of item 18.) Farm Tractor turned over, falling CAUSE OF DEATH 2Dd. INJURY OCCURRED -200. PLACE OF INJURY (Home, farm, 20f. (Cily or town) (County) 20c. TIME OF INJURY factory, street, office bldg., etc.) 6:00P While Not While at work at Home on Farm+R.D.#1 Salisbury(Wico) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion death resulted from. - Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Dr. Earl L. Romer DEPUTY MEDICAL EXAMINER 1961 DEPUT 407 Camden Ave. Salisbury, Md. Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) (State) Burial 961 Fruitland Cemetery E40 9 Fruitland. O 23. FUNERAL DIRECTOR ADDRES5 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. ATSME '61 arthur S. Trava DATE JAN HOLLOWAY & COMPANY SALISBURY MARYLAND 5M 7/59

AND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution, Residence before iday) COUNTY Page Health, a. STATE b. COUNTY for. I files. MARYLAND Wicomico Maryland Wicoiico

CITY OR TOWN (If outside corporate firmits, write RURAL and give nearest fown) b. CITY OR TOWN (f outside corporate I mits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Dalrar Delmar refained for d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3 NAME OF Middle 4. DATE 1ast Month Year DECEASED OF the th (Type or print) DEATH 19 Tull 1-1-61 Chervi .Ann 6. COLOR ON RACE 7. MARRIED NEVER MARRIED AGE (In years I IF UNDER I YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH and 2 with last birthday) 2, and Months Hours Days DIVORCED WIDOWED [2 10-19-60 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired U.S.A. None Marvland pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Purnellevent 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) | (Ifyasgivewarordatesofservica) Office along with for burial-transit permit. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Broncho-pneumonia Hours DUE TO removal, Conditions, if any, which (b) gave rise to immediate cause "pending" 1/1 DUE TO (a), stating the underlying 的 causa last. ould be used a question, or PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a). 19, WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E PUNERAL DIRECTOR: Page 3 should be NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part I or Part II of tem 18.) 20e. EXTERNAL CAUSE WAS ure the certition of the Chier of Crystoled to the Chier of Caroline of the Chier of Caroline of the Caroline PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Morth, Day, Year (County) (Stata) factory, streat, office bldg., etc.) While Not While MEDI Hour e.m. BI work at work 21. I certify that I took charge of the remains described above, held an Autopsyy. Inspectiony Inquiry y and in my opinion death resulted from: Suicide T. Romicide | Undetermined manner Natural causes IV Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER T Royer. 1 - 9 - 61**EXAMINER'S** DEPUT NAME (Typa) ALVA AME OF CEMETER OF CREMATORY 1226. NAME OF CEMETER OF CREMATORY 1226. LOCATION (City, town, or country) 24. Gamden 226 BURIAL CREMATION. REMOVAL (Specify) Z40 ò burial Union 23. FUNERAL DIRECTOR 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS DATE JAN 1 2 '61 A15ME 59



funeral

campletely filled

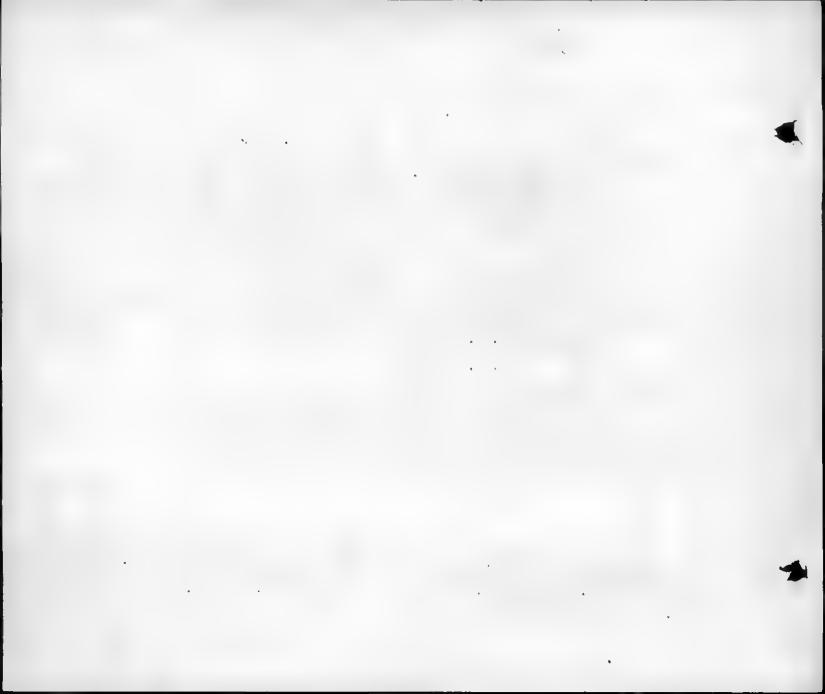
pup

. 22

physician

death certificate be executed with n 24

MARYLAND STATE DEPARTMENT OF HEALTH



(City, town, or county)

REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE

Chiller S. Frences

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) · COUNTY o. STATE b. COUNTY MARYLAND Wilcomico b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN Af outside corporate limits, write RURAL and give nearest lawn) c. LENGTH OF STAY IN 16 RURAL and give nearest town) ncess SALISBUR d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO V QNINSU/H GENDRA NAME OF First Middle 4. DATE Year Lost Month Day DECEASED DEATH (Type or print) 196 והטת 9. AGE (In years S SEX 6-POLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED LANEVER MARRIED lock birthday) Months Days Hours DIVORCED [WIDOWED [YES W 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? We 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 20 WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SEGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO I 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B) 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Month Doy. Year 20d. INJURY OCCURRED (County) (Slote) factory, street, affice bldg, etc.) 0. m While Not while of work p. m. ol work 19.6 (, that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased fram. 🖮 🕬 , ta , and that death accurred at ZeM, from the causes and on the date stated above. saw the deceased alive an 196 22o, SIGNATURE 22b, DATE BIGNED ATTENDING STAFF e M D DIRECTOR 22c. PHYSICIAN'S ADDRESS NAME (Type)

NAME OF CEMETERY OR CREMATORY

アると

ADDRESS

VR A15 (4) 1SM 9/59

DATE THEREOF

23Ь

BUR AL CREMATION.

UNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

in an interest of the second

MARYLAND STATE DEPARTMENT OF HEALTH

MORE 1, MARYLAND

DIATEION	OF STATISTICAL	RESEARCH AN	D RECORDS	- BALTI
332	OF STATISTICAL CE	RTIFICAT	E OF D	EATH

	0	63		et.
1 1	1	<u>a</u>	1	1

1. PLACE OF DEATH COUNTY MARYLAN	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE Maryland b COUNTY Wicomico
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Salisbury
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUT ON	d street address 1341 S.Division St o. Is residence on a farm? yes no 2
3. NAME OF DECEASED (Type or print) STELLA LEE	Day Year OF DEATH THAT HAY 4 19
S. SEX. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	ast birthday) Manths Days Haurs Min
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work at Home None	Eden, Maryland USA
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
W1111am Dykes 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12	Elizabeth Shockley
(Yas, no, or unknown) (If yes, give wor or dates of service)	Mr. Martin White (Husband) 1341 S.Division St. Salisbury, Maryland
IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0)	liveis
Conditions, if any, which) (Degree Lew	Other D. Mer Derone examination
gave rise to immediate Que TO	letermined (Microscopic examination)
lying cause last,	, , ,
PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 Dealectes Millettis	YES X NO
OR CONTRIBUTING CAUSE OF DEATH OF LITHER, NOTIFY MEDICAL EXAMINER)	RRED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Hour a. m. N/A 19 While at wark at work	PLACE OF INJURY (Home, farm, 20f. {City or town} (Caunty) (State) factory, street, office bldg., etc.}
21 I certify that (I) (this hospital) attended the deceased fra	m. Julez 1991., 10 Jan 4 1961, that (1) (we) last
saw the deceased alive an 4 Jan 19 61, and the	it death accurred at /M, from the causes and on the date stated above
Soepa C.F. garale	M.D ATTENDING MED STAFF 22b. DATE SIGNED
name (Inc.) Joseph C. Fitzgerald	707 Camber Ceve Salisbury
230 BURIAL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETER REMOVAL (Specify).	
Burlal Jan. 7, 1961 Wicomico	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY MAI	RYLAND DATEIAN 6 '61 Cartum S. Trans
HOTTOWNT OF COLLEGET SUPTODOWI WW	HYLAND DATESAN 6 '61 CLATTON J. Through

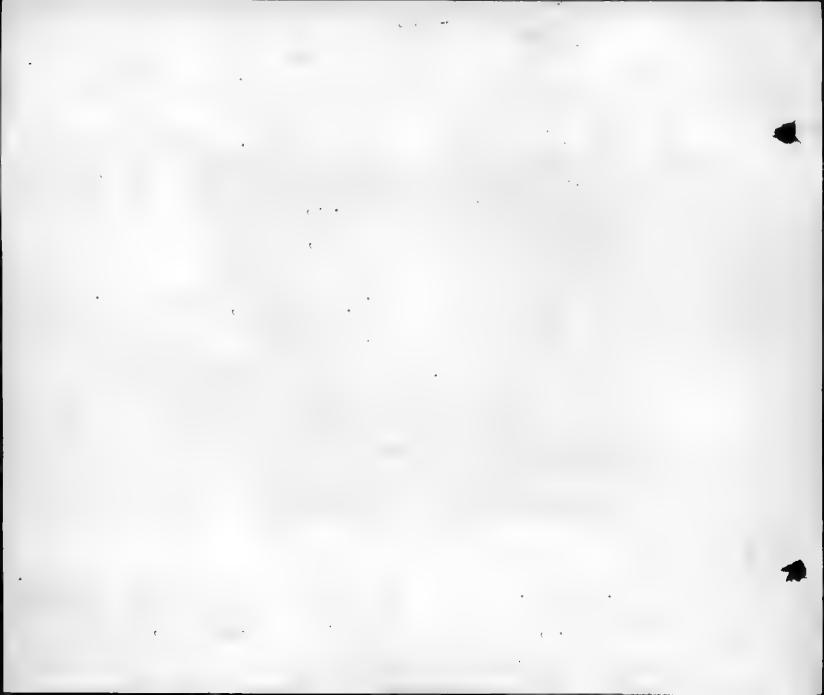
e funeral director, lould be filed with may be returned by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by we fune page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the State Board of Health priar to burial, arematian, ar remaval, and in pay event, within 72 hours after death

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

death. Page 4

TO HOSPITAE VR A1S (4) 15M 9/59



VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1333 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	-	and the second s	The state of the s	- Andrews
•		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Res	sidence before edmission)
1			a. STATE b. COUNTY	
4		Wiconico Maryland b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	Maryland Wico	mico give neerest town]
1		Willards	Williams.	
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	I . IS RESIDENCE
				ON A FARM?
		New Hope Road	New Hope Road	YES X NO
		NAME OF First Middle DECEASED		Day Yeer
		(Typa or print)	DEATH	19
	5	Louis Preston Wilke 5EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		AR IF UNDER 24 HRS.
	3,	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER Y) lest birthday) Months Da	
		M WIDOWED DIVORCED	10-27-1910 50 yrs.	73 110013 79111,
		. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTR		N OF WHAT COUNTRY?
	dor	ne during most of working life, even if retired)		
		Garage Att. Service Statio	n Maryland	U. S. A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Harry Wilkins	Wanda Dishadon	
	15.		Manie Dighroon	
		s, no, or unkown) (Ifyasgivewerordelasofservica)	Addiess Addiess	
I		xx xxx 220-26-3516	Lillian Carter Willards,	Md.
-	1	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN
_		PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
		IMMEDIATE CAUSE (a) Shotgun wound	of brain	-Sudden -
		DUE TO		
		Conditions, if any, which \ (b)		
		geve rise to immediate cause		
		(a), stating the underlying DUETO		
		couse last. (c)		
1	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	
	CERTIFICATION			PERFORMED?
1	5	OD EVERNIAL CALIFE WAS LONG DESCRIPT HOW THIS BY OCCUPED IN	Catalogue de Catalogue de Banda de Banda de Santo 16 h	YES NO
	KT	PRIMARY PL or CONTRIBUTING	inter neture of injury in Pert f or Pert fl of item 18.)	
		CALICE OF DEATH	ingle barrel shotgun wound	of hood
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. MJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 201. (City or town) (County	of head.
	ă	FIGUR B.III.	ory, street, office bldg., etc.)	
	X	10 Ap.M. 1-2-061 at work at works 1	Home. Willards Wicomi	co Md.
		21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection K , Inquiry T ,	and in my opinion
		death resulted from: Natural causes . Accident . Suici	ide X. Homicide . Undetermined manner	
à		& 01 /L	CHIEF MEDICAL EXAMINER	
1		SIGNATURE /Earl V	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
la.			DEBLITY MEDICAL EVANINED THE	
	ш	Examiner's Earl L. Royer, M.D.		T
	220	BURIAL, CREMATION, 214.05 TE GAME OF SALLES	Address (Street, city, town, or county) 22d. LOCATION (City, town, or country)	(State)
	4.48	REMOVAL (Specify)	220. COCATION (City, town, or country)	(State)
	F	Burial Jan. 4.1961 New Wood	W177 am 2	
	-	PUNERAL DIRECTOR / / ADDRESS	240. REC'D BY REGISTRAR PARA ALOSTRALOS	MATURE
	7	It What a different	7/ 8	cold 4
	1	Mer many successfully	I DATEJAN 9 '61	

action of the last THE WAR IN THE PARTY OF THE PAR Annual of solution of the second LEVEL STORE STORES The francisco of the second state of the second sec Washer I was a second of the s 1 - - -The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIAISION (N STATISTICAL RESEARCH AND RECORDS - BA	10
334	CERTIFICATE OF DEAT	

4	18	9	10	1	
-	1	3	6	3.1	L
-		-	-	1	=

	2007					1 7 - 6 1 1
I. PLACE OF DEATH		MARYLAND	o. STATE	/here deceased lived. If in b. CO	UNTY	before admission)
b. CITY OR TOWN (If autside	corporate limits write		Maryland		icomico	
RURAL and give nearest tow		C. LENGIN OF SIAT IN 18	c. CIT OR IOWN (II	autside carporote limits, w	rite KUKAL and gir	ve negrest rown;
Salisbury		13 Yrs.	Salisbury	1	de	
d. NAME OF HOSPITAL (If hat in hospital, give street address) OR INSTITUTION			d. STREET ADDRESS		3	e. IS RESIDENCE ON A FARM?
Tony Tank Rd.			Tony Tank Rd., YES			YES NO
3. NAME OF DECEASED (Type or print)	SAMUEL	Middle FRANKLYN	WOODCOCK	4. DATE OF DEATH	Month 1	Day Year 18 1961
6. COL	OR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In last birth		YEAR IF UNDER 24 HRS
Male W	nite wipo	WED DIVORCED	May 5,1891	69	yrs. Manths C	Days Hours Min.
00. USUAL OCCUPATION (Give	kind of work done 10	b. KIND OF BUSINESS OR INDI			-	EN OF WHAT COUNTRY
during most of warking life,	even if retired)	Broker	Marylar		U.S	Δ .
Real Estate		prover.	14. MOTHER'S MAIDEN		0.5	, 6.17.0
	2			-		
Samuel P. Wo		4 COCIAL SECURITY NO. 127	Carrie Smi	ւշո	Address	
(Yes, no, or unknown) (If yes, give	wor or dates of service)			la - C	Address	
	.W.I		rs. S.F. Wood	cock, Same		
18. CAUSE OF DEATH [Ent		1) ,	n A-		INTERVAL BETWEEN	
PART I. DEATH WAS	CAUSED BY: ATE CAUSE (a)	Oronary (Icchliseon	, claude		1 day
420	DUE TO			1		1
Conditions, if any, which	h) [b]		. 0			
gove rise to immediat	e DUCTO A	4 11 - 4 1			2	
lying couse last,	(c)	rellusable	colic Hea	ri Duce	euse)	1 Jugar
PART II. OTHER SIGN	(-)	CONTRIBUTING TO DEATH BU	T NOT REPATED TO THE TERM	AINAL DISEASE CONDITIO	N GIVEN IN PART	I(a) 19. WAS AUTOPSY PERFORMED?
5	rugoca	redla lus	uffeccus	in, Clira	ue	YES NO
20g. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	RLYING] 20b. DI SE OF DEATH . BYAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter) noture of injury in	Part/I or Port II of item 1	6.)	
S 20c. TIME OF INJURY Month	h, Day, Year 20d.		LACE OF INJURY (Hame, for		(Cc	ounty) (State
20c. TIME OF INJURY Month	19 Whi	le Not white fi	octory, street, affice bldg., et	c.}		•
			2/2/1	E71 1 11	, /	
	1117	nded the deceased from	2/24-1	92/.ta	19.5	1, that (I) (we) las
saw the deceased aliv	e an	19 C and that	death accurred at 27	M, fram the cause	s and an the	
220. SIGNATURE	a l' L	1- 1	ATTENDING A	AED STAFF		22b. DATE SIGNED
Jaran	es and	revenue p	_M.D. PHYS.	DIRECTOR PHYS.	1.	-4-1961
22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS			37 3 3
Dr.	Rufus S. G	ardner	Rine B.	luff Rd., Sa	Lisbury,	Maryland
	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, 1	own, or county)	(State)
REMOVAL (Specify) Burial 1/	20/1966	Parsons Ceme	eterv	Salisbury		
4, FUNERAL DIRECTOR'S SIGNA		ADDRESS			REGISTRAR'S SIGN	
				AN 2 3 '61	Outher S. 9	
DILL & JONESO	II CO. Sali	sbury, Maryland	DATE	111 - 0 01	and the state of	Chara

TO HOSPITA. ATTENDING PHYSICIAN: The law requires that the death certificate bill executed within 24 half edeath. Page 4 may be readily by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removes carbon pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

MASS TO LESS TO BE AREA 7-93.4 a Marina and A ę• A CONTRACTOR OF THE PARTY OF TH The second secon Server a transfer of the server of the serve TO THE STATE OF TH AND COMMENTS OF THE PARTY OF TH ALLER STORY